

121 000406485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

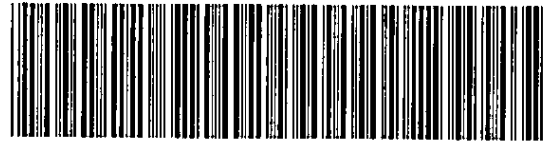
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200375631922

11/01/21--01010--012 \*\*25.00

2021 NOV -1 AM 7:35  
STATE OF MISSISSIPPI  
RECEIVED

A. BUTLER

NOV 12 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cut Right Lawn Maintenance and Landscaping L.L.C.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Masiel Nolasco

Name of Person

Cut Right Lawn Maintenance and Landscaping L.L.C.

Firm/Company

1906 Johnson Pointe Dr.

Address

Plant City, FL 33566

City/State and Zip Code

masielnolasco@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Masiel Nolasco

Name of Person

at (813) 458-1375

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED

Name of the Limited Liability Company as it now appears on our records.  
(A Florida Limited Liability Company)

2021 NOV -1 AM 7:35

The Articles of Organization for this Limited Liability Company were filed on September 14, 2021 and assigned Florida document number L21000406485.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NA

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Masiel Nolasco

New Registered Office Address:

1906 Johnson Pointe Dr.

Enter Florida street address

Plant City

City

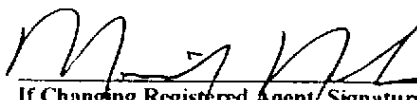
Florida

33566

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>         | <u>Address</u>          | <u>Type of Action</u>                      |
|--------------|---------------------|-------------------------|--------------------------------------------|
| MGR          | Masiel Molasco      | 1906 Johnson Pointe Dr. | <input checked="" type="checkbox"/> Add    |
|              |                     | Masiel Home             | <input checked="" type="checkbox"/> Remove |
|              |                     |                         | <input type="checkbox"/> Change            |
| MGR          | Stephanie L Molasco | 1906 Johnson Pointe Dr. | <input checked="" type="checkbox"/> Add    |
|              |                     | Stephanie L Home        | <input checked="" type="checkbox"/> Remove |
|              |                     |                         | <input type="checkbox"/> Change            |
|              |                     |                         | <input type="checkbox"/> Add               |
|              |                     |                         | <input type="checkbox"/> Remove            |
|              |                     |                         | <input type="checkbox"/> Change            |
|              |                     |                         | <input type="checkbox"/> Add               |
|              |                     |                         | <input type="checkbox"/> Remove            |
|              |                     |                         | <input type="checkbox"/> Change            |
|              |                     |                         | <input type="checkbox"/> Add               |
|              |                     |                         | <input type="checkbox"/> Remove            |
|              |                     |                         | <input type="checkbox"/> Change            |

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) i.e:

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 19, 2021

Signature of a member

Signature of a member or authorized representative of a member

Masiel Nolasco

Typed or printed name of signee: