

h21000420979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

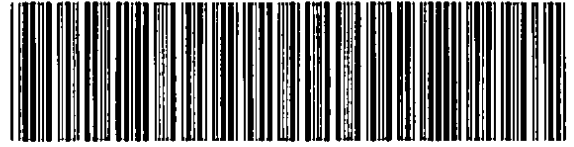
(Business Entity Name)

(Document Number)

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22 AUG 15 AM 11:31  
DIVISION OF STATE REGISTRATION

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: H GABRIEL LAWN SERVICES LLC  
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:

HECTOR R GABRIEL  
Name of Person

H GABRIEL LAWN SERVICES LLC  
Firm/Company

917 NORTH K STREET APT A  
Address

LAKE WORK FL 33460  
City/State and Zip Code

hector.gabriel86@icloud.com  
E-mail address: (to be used for future annual report notification)

22 AUG 15 AM 11:31  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

HECTOR GABRIEL LOPEZ at ( 561 ) 729-3998  
Name of Person 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**

H GABRIEL LAWN SERVICES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/23/2021 and assigned Florida document number L21000420979.

This amendment is submitted to amend the following:

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

H GABRIEL LAWN SERVICES & TREE TRIMMING LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

22 AUG 15 AM 11:30  
DIVISION OF CORPORATIONS

**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:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

N/A

Florida N/A

*City*

*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>
<u>N/A</u>	<u>N/A</u>	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

22 AUG 15 AM 11:32  
DIVISION OF SOLE CONTRACTORS  
STATE OF TEXAS

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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STATE OF TEXAS  
DIVISION OF CONSUMER AFFAIRS

E. Effective date, if other than the date of filing: 07/25/2022 (optional)

(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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 JULY 25 2022

*Hector R Gabriel*

Signature of a member or authorized representative of a member

HECTOR R GABRIEL

Typed or printed name of signer

Filing Fee: \$25.00



Department of the Treasury  
Internal Revenue Service  
PO Box 149342  
Austin, TX 78714-9342

Notice	CP565
Notice date	August 27, 2021
To contact us	Phone 800-908-9982 International calls: +1-267-941-1000
Case reference number	20294-159-91206-1
Date of birth	June 10, 1986
Page 1 of 2	

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|||



HECTOR R GABRIEL LOPEZ  
917 N K ST APT A  
LAKE WORTH FL 33460

002284

In response to your Individual Taxpayer Identification Number application

## We renewed your Individual Taxpayer Identification Number (ITIN) 949-90-6331

This notice confirms your assigned  
ITIN 949-90-6331 is now Active.

**Keep this notice in a secure place with your  
other important documents.**

We'll mail back the documents you submitted with  
your Form W-7 application in a separate envelope.  
You should receive them within 60 days. If you don't  
receive the documents within 60 days, or if you  
moved since submitting your application, call us at  
the telephone number listed above. You can also  
write to us at the address listed at the top of this  
notice.

### Your ITIN and personal information

ITIN	949-90-6331		
Full name	HECTOR	F	GABRIEL LOPEZ
	First	Middle	Last
Date of birth	June 10, 1986		

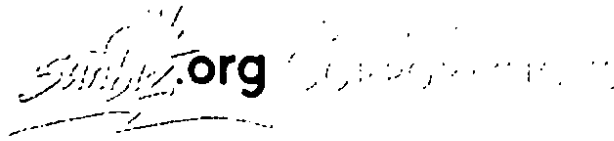
The IRS will use your ITIN, along with your full name and date of birth, to identify tax document  
payments, and any other correspondence. Therefore, it's very important that the personal  
information we have for you is correct.

You don't need to respond to this notice unless your personal information is incorrect.

### What you need to do

- Use your full name and ITIN on all correspondence with the IRS, including tax returns, tax payments and refund claims. Using an incorrect name or ITIN may cause processing delays or errors on your account.
- Use your ITIN in place of a Social Security number (SSN) when one is requested on any federal tax document.
- **You must use your ITIN on at least one federal income tax return within three-year period or it will expire.**
- Keep this notice for your records.

Continued on back



Department of State / Division of Corporations / Search Records / Search by Entity Name /

**Detail by Entity Name**

Florida Limited Liability Company  
H GABRIEL LAWN SERVICES, LLC

TRAMITAR  
ENMIENDA

Filing Information

Document Number L21000420979  
FEI/EIN Number APPLIED FOR  
Date Filed 09/23/2021  
Effective Date 09/23/2021  
State FL  
Status ACTIVE

H. GABRIEL LAWN SERVICES  
& TREE TRIMMING, LLC.

Principal Address

917 NORTH K STREET  
APT A  
LAKE WORTH, FL 33460

Mailing Address

2700 SW 27TH AVE  
APT 1009  
MIAMI, FL 33133 UN

Registered Agent Name & Address

TOLENTINO, MARIA H  
917 NORTH K STREET  
APT A  
LAKE WORTH, FL 33460

Authorized Person(s) Detail

**Name & Address**

Title AMBR  
  
GABRIEL, HECTOR R  
125 S F ST APT 2  
LAKE WORK, FL 33133

Annual Reports

Report Year Filed Date  
2022 04/14/2022

Document Images

[04/14/2022 - ANNUAL REPORT](#)

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[09/23/2021 - Florida Limited Liability](#)

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