

121 000475729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

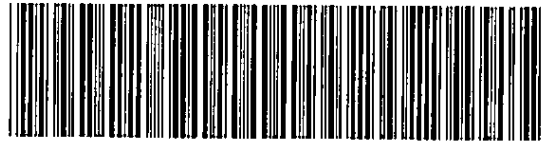
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2021 NOV 15 PM 1:35

REGISTRATION SERVICE
TALLAHASSEE, FL 32301

A. BUTLER

DEC - 5 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GREEN DESIGN LAWN CARE 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:

JOSE A. SANCHEZ

Name of Person

GREEN DESIGN LAWN CARE LLC

Firm/Company

1345 NE 178 ST.

Address

NORTH MIAMI BEACH, FL 33162

City/State and Zip Code

JASCH2002@HOTMAIL.COM

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

For further information concerning this matter, please call:

JOSE A. SANCHEZ

305 5229320
at ()

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

FILED

2021 NOV 15 PM 1:35

GREEN DESIGN LAWN CARE 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 11/03/2021 and assigned
Florida document number L21000475729

This amendment is submitted to amend the following:

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

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:

1345 NE 178 ST.

(Principal office address MUST BE A STREET ADDRESS)

NORTH MIAMI BEACH, FL 33162

Enter new mailing address, if applicable:

PO BOX 601037

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33160

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:

JOSE A. SANCHEZ

New Registered Office Address:

1345 NE 178 ST.

Enter Florida street address

NORTH MIAMI BEACH

Florida 33162

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 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	JOSE A. SANCHEZ	1345 NE 178 ST.	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	JOSE A. SANCHEZ	3691 NW 19 ST.	<input type="checkbox"/> Add
		LAUDERDALE LAKES, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE UPDATE

PRINCIPAL ADDRESS

REGISTER NAME ADDRESS

AUTHORIZED PERSON TITLE SHOULD BE MANAGER AND THE ADDRESSES TOO SO I CAN OPEN

A BANK ACCOUNT

THANKS

E. Effective date, if other than the date of filing: 11/09/21 **(optional)**

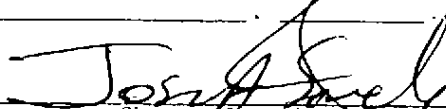
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 NOVEMBER 9

2021



Signature of a member or authorized representative of a member

JOSE A. SANCHEZ

Typed or printed name of signee