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COVER LETTER

	stration Section ion of Corporations	. ,			
	FAMILITY TREE GARDEN CEN	TER AND NURSERY LLC	₹ #		
SUBJECT:	Name of	Limited Liability Company	<u></u>		
The enclosed A	Articles of Amendment and fee(s) are	submitted for filing.			
Please return a	all correspondence concerning this ma	atter to the following:			
		CARMEN J. MENDEZ			
	·	Name of Person			
	FAMILITY	TREE GARDEN CENTER AND NURS	SERY LLC		
Firm/Company					
	603 N.W. 79 TERR SUITE 202				
		Address			
	PEMBRO	CE PINES, FLORIDA 33024			
		City/State and Zip Code			
		MINMJ@HOTMAIL.COM		2022	
	E-mail addre	ess: (to be used for future annual report notifi	.cation)	2FE	·
For further inf	formation concerning this matter, plea	se call:		FEB 18	ہیں جدر
CARME	EN J. MENDEZ	954 266-9740 at ()			* 1
	Name of Person	\ 	Telephone Number	12: L 3	2.4
Enclosed is a	check for the following amount:				
宣 \$25.00 Fi	ting Fee S30.00 Filing Fee & Certificate of State		Certified C	of Status &	
Maili	ing Address:	Street Address:			

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

FAMILITY TREE GARDEN CENTER AND NURSERY LLC

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

·	- • •	2
The Articles of Organization for this Limited Lia	bility Company were filed on JANUARY 24, 2022	and assigned
Florida document number 1.22000059266	·	£ 14.7
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
FAMILY TREE GARDEN CENTER AND NURS		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
<u>(Mailing address MAY BE A POST OFFICE B</u>	<u> </u>	
H. If amonding the registered agent and/or re-	gistered office address on our records, enter the na	me of the new regis
agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	Enter Florida street address	Zip Code

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>	Name	Address	Type of Action
			□Remove
			[]Change
		·	□Add
			□Remove
			(□Change
			□Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
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			(7) Chancer

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f an eff Note:	FEBRUARY 15, 2022 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor d is fi	d 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 led.
Dated	FEBRUARY 15, 2022
	Cax Man J. Manale Signature of a member or authorized representative of a member
	CARMEN J MENDEZ