L22000066042

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COVER LETTER

Tallahassee, FL 32314

TO:

TO: Registration Se Division of Cor								
	LANDSCAPE SOLUTIONS I	LLC						
SUBJECT:Name of Limited Liability Company								
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.						
Please return all correspo	ondence concerning this matter (to the following:						
	LELAND GOEBEL							
		Name of Person						
	LELAND'S LANDSCAPE	SOLUTIONS LLC						
	 -	Firm/Company						
	100 East New	York Au Suite Address	103(C					
	Deland FL lelandgoebel@yahoo.com E-mail address: (1	City/State and Zip Code	ication)					
For further information of	oncerning this matter, please ca	All:						
LELAND GOEBEL		386 500-1254						
Name o	f Person	Area Code Daytime	: Telephone Number					
Enclosed is a check for t	he following amount:							
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing Addres Registration		Street Address: Registration Sec	stion					
Division of C		Division of Corporations						
P.O. Box 6327		The Centre of Tallahassee						

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

LELAND'S LANDSCAPE SOLUTIONS LLC

(Name of the Limi	(A Florida Limited	any as it now appears on c Liability Company)	our records.)	
The Articles of Organization for this Limited L Florida document number L22000066042	Liability Company	were filed on 02/08/20	022	and assigned
This amendment is submitted to amend the following				
A. If amending name, enter the new name of	of the limited liah	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ition "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		loo Enst	New York 1	2724 Scite 1030
(Principal office address MUST BE A STREE	ET ADDRESS)	Hend FC	32714	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our record	ls, enter the name	of the new registered
Name of New Registered Agent:	LELAND GOE	BEL		
New Registered Office Address:	100 East	Meis york Ave Enter Florida str	Suite 10; reer address	70 u
	<u> </u>	City·	, Florida <u>_) = </u>	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered office	performance of my d provided for in Chapt	luties, and I am far er 605, F.S. Or, if	niliar with and this document is

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
*···			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			\ \ \ \ \ \
	-		□Remove
			□Add
			Remove
			□Change
			□Add
			□Remove

______ Change

• V D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The Registered Agent is changing to Leland Goebel. The Registered Office Address is also changing. E. Effective date, if other than the date of filing: (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.

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee