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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : A&M ACCOUNTING INC.

Account Number : I20120000086 Phone : (305)248-9500

Fax Number : (305)248-9922

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	amaccountin	ng Q comcount.	net_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUSH PLANTS NURSERY LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Se Division of Cor	ction porations		- A		
LUSH PLA	NTS NURSERY LLC				
SUBJECT:	Name of Lim	ited Liability Company	_ 		
	Amendment and fee(s) are sub	-			
	MAYLE C MORALES				
		Name of Person			
	LUSH PLANTS NURSER	YLLC			
Firm/Company					
	19780 SW 177 AVE PMB 392				
		Address			
	MLAMI FL 33187				
		City/State and Zip Code		<u>: -</u> ;	2022
	E-mail address:	to be used for future annual report notifi	cation)		74 Y
For further information of	concerning this matter, please o	all:		1 ⁻ 1 ·	
				٠_,	Λ'n
Name o	of Person	at () Area Code Dayrime	Telephone Number	- ', ', ', ', ', ', ', ', ', ', ', ', ',	ۻ
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing I Certificate of Certified Cop (additional copy	Status &	
Mailing Addres	sc.	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

1	LUSH PLANTS NURSERY LL	C	
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited I	Liability Company were filed	on 03/07/2022	and assigned
Florida document number L22000115307			
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability compa	any here:	
The new name must be distinguishable and contain the	words "Limited Liability Company	," the designation "LLC" or the	
Enter new principal offices address, if appli	· · · · · · · · · · · · · · · · · · ·	2022	
(Principal office address MUST BE A STREET ADDRESS)			
			T I
Enter new mailing address, if applicable:			
		· · · · · ·	<u>_</u>
(Mailing address MAY BE A POST OFFICE	<u> </u>		<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addr		our records, enter the s	name of the new registered
Name of New Registered Agent:	MAYLE C MORALES		
New Registered Office Address:	16895 SW 208 ST		
	En	ter Florida street address	
	MIAMI	, Florida	33187
	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>	Address	Type of Action
AMBR	MAYLE C MORALES	16895 SW 208 ST	■Add
		MIAMI FL 33187	■Remove
AMBR	GABY L SIAN	16895 SW 208 ST	□Add
		MIAMI FL 33187	≡Remove
			Change
			□Add
			□Remove
			Change
	- · · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
			Change
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an effective date is listed, the d ote: If the date inserted in	ate must be specific an this block does not	d cannot be prior to meet the applica	o date of filing or mo ble statutory filing	ore than 90 days after r requirements, this	filing.) Pursuant to 605.020 date will not be listed a
ocument's effective date or			ore transfer transfer	, 1 • q a.i. v a.i. v a , a.i. a	
record specifies a delayed e	ffective date, but no	ot an effective tin	nc, at 12:01 a.m. o	on the earlier of: (b)	The 90th day after th
is filed.					
06/16		2022			
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Filing Fee: \$25.00