

L22000137508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

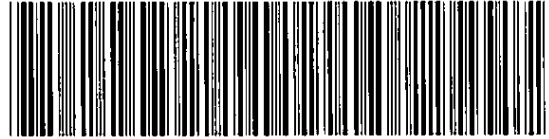
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23 OCT 27 PM 9:25



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2023

DAVID CARRILLO SALTO
30050 SW 154TH AVE
HOMESTEAD, FL 33033 US

SUBJECT: IDEAL GARDEN & SERVICES LLC
Ref. Number: L22000137508

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document number of the name conflict is P150000032487.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 823A00024330

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ideal Garden & 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:

David Carrillo Salto
Name of Person

Ideal Garden & Services LLC
Firm/Company

30050 SW 154th Ave
Address

Homestead, FL 33033
City/State and Zip Code

mr. Carrillo 1995@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Carrillo Salto at (786) 390 1447
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

23 OCT 27 PM 9:24

Ideal Garden & 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 03/21/2022 and assigned
Florida document number L 22000137508.

This amendment is submitted to amend the following:

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

Rent-A-Seat 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:

(Principal office address MUST BE A STREET ADDRESS)

1436 NE 9th Ct

Homestead, FL 33033

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1436 NE 9th Ct

Homestead, FL 33033

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:

New Registered Office Address:

Enter Florida street address

Florida

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>mGR</u>	<u>David Carrillo Salto</u>	<u>1436 NE 9th Ct.</u>	☒ Add
		<u>Homestead, FL 33033</u>	☐ Remove
		<u></u>	☐ Change
<u>MGR</u>	<u>Gabriela Leyva-Delatorre</u>	<u>1436 NE 9th Ct</u>	☒ Add
		<u>Homestead, FL 33033</u>	☐ Remove
		<u></u>	☐ Change
<u>AMBR</u>	<u>Camila Carrillo Leyva</u>	<u>1436 NE 9th Ct</u>	☒ Add
		<u>Homestead, FL 33033</u>	☐ Remove
		<u></u>	☐ Change
<u></u>	<u></u>	<u></u>	☐ Add
		<u></u>	☐ Remove
		<u></u>	☐ Change
<u></u>	<u></u>	<u></u>	☐ Add
		<u></u>	☐ Remove
		<u></u>	☐ Change
<u></u>	<u></u>	<u></u>	☐ Add
		<u></u>	☐ Remove
		<u></u>	☐ Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Dated October 24, 2023

Signature of a member or authorized representative of a member

David Carrillo Salto
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00