2200155245

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	 	





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2022 JUL 14 AM 8: 30

2022 JUL 14 AH 8: 40

Cf 4/14/2022

COVER LETTER

TO:

FO: Registration Sect Division of Corp			
SUBJECT. VIS	sta lawn	Services L	LC.
SOBJECT: V C	Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Franc	Isco Sanche	22
		Name of Person	
		Firm/Company	
		Firm/Company	
	5204	Center St Address	
	Wimay	ma FL 335	598
	visiala. 5	City/State and Zip Code	
	E-mail address: (1	City/State and Zip Code Service Legma to be used for future annual report not	ification)
For further information co	neerning this matter, please co		
Francisco Sa	nchaz	813. 800	7-0445
Name of	* -	at (<u>\$13</u>) <u>\$65</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e 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 Address		Street Address: Registration S	ection
Registration S Division of Co		Division of Co	rporations
P.O. Box 632 Tallahassee, F		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810
rananassee, r	ロンビンドゴ	Tallahassee, F	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JUL 14 AM 8: 4

	.	322 001 14 AM 8: 4
(Same of the Limited Liability Comme	iny as it now appears on our records.) Liability Company)	
(A Florida Limited	Liability Company)	7.4.
The Articles of Organization for this Limited Liability Company	were filed on 3.31.22	and assigned
Florida document number <u>L220001552</u> 45	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
STATEMENT AND STATEMENT OF FICE BOXY	4,	
B. If amending the registered agent and/or registered office	address on our records, enter the i	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	
	171	
	City , Florida	a Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag		r agree to comply with the
provisions of all statutes relative to the proper and complet	e performance of my duties, and L	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 offic	e adaress. I hereby confirm that th	е итива навину

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
map	Francisco Sanchez	5204 Center St Wimauma Pl 33598	XiAdd
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and the second s		Francisco Sanchez
		Typed or printed name of signce

Filing Fee: \$25.00