L22000274627

(Requestor's Name)
(Address)
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COVER LETTER

Registration Section TO: Division of Corporations

ibject:			
	Name of Lamit	ted Liability Company	
enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing	
ase return all correspo	ndence concerning this matter (to the following	
	tyrone foster		_
		Name of Person	
	foster and sons landscaping	! Ne	
		Firm/Company	_
	1106 nw 15th ave		_
		Address	
	ocula fl. 34475		
		City/State and Zip Code	2023.
	ty352lbu@gail.com		· :
	E-mail address: ()	to be used for future annual report notification)	:
r further information c	oncerning this matter, please ca	all:	· · · · · · · · · · · · · · · · · · ·
vrone Foster		352 4974479	
Name o	f Person	at () Area Code Daytime Telephone Numb	per
nclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55 00 Filing Fee & ■ \$60.00	
_ \$55 ram5 rec	Certificate of Status	Certified Copy Certific	cate of Status & - ed Copy

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

Foster And Sons Landscaping LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 06/16/2022	and assigned
lorida document number L22(XX)274627		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
¢/A		
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	N/A	
The space and th		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Mulling dudress (MIT 192.11 0.91 0.11 1 Q.2 190.14		
		-
3. If amending the registered agent and/or registered office a	address on our records, enter	r the name of the new regist
gent and/or the new registered office address here:	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sireet addre	
	, F	lorida Zip Code
	(,16)	EA11 C 1746C

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	Tyrone Foster	17 juniper loop et , Ocala il 34480	■Add
			□Remove
			□Change
			□Remove
			□Change
			Add Ess
			Remove
			Change
			□Remove
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more to ote: If the date inserted in this block does not meet the applicable statutory filing resocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	e, at 12:01 a.m. on the ear	lier o
nted Taylogy 5 . 2023. Signature of a member of authorized representative of a	member	
A CONTRACTOR OF A PROCEEDING AND A PROCESSION OF THE PROCESSION OF		