

L22000283915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

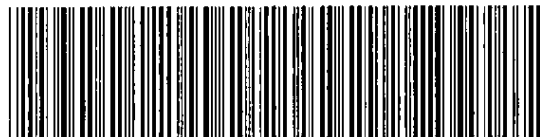
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



100435072001

08/20/24--01025--005 **25.00

FILED
2024 SEP 10 PM 3:13
CLERK OF STATE
TALLAHASSEE, FL

R. HUNT

08/24/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARLOS LANDSCAPING COMPANY & MORE 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:

CARLOS HERNANDEZ-LUGO

Name of Person

CARLOS LANDSCAPING COMPANY & MORE LLC

Firm/Company

2314 15TH AVE E

Address

BRADENTON, FL 34208

City/State and Zip Code

basant@ashuinsurance.com

E-mail address (to be used for future annual report notification)

RECEIVED
TALLAHASSEE, FL
JAN 20 PM 3:13
CLERK OF STATE

For further information concerning this matter, please call.

CARLOS HERNANDEZ-LUGO 941 580-4805
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

CARLOS LANDSCAPING COMPANY & MORE LLC

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

ED
PAGE 3 OF 14
STATE
FLORIDA

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

9/26/11 20 PM 3:14
CLERK OF STATE
TALLAHASSEE, FL

DEPT. OF STATE
TALLAHASSEE, FL
JUN 20 PM 3:14

1
2
3
4
5

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 August 15 2024

Casio

Signature of a member or authorized representative of a member

CARLOS HERNÁNDEZ-LEGO

Typed or printed name of signee

Filing Fee: \$25.00