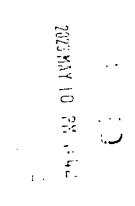
L22000293975

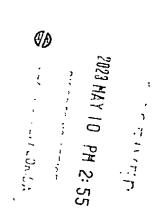
	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PłCK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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1 1 2023

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State FROM

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE, 5/10/2023

PRIORITY Regular Approval

OUR REF_#_(Order ID#); 1145340

ORDER ENTITY____

RIOS LANDSCAPING SOLUTIONS LLC

PLEASE PERFORM THE FOLLOWING SERVICES: RIOS LANDSCAPING SOLUTIONS LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, May 10, 2023 Page 1 of 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 MAY 10 PM 1:42

RIOS LANDSCAPING SOLUTIONS 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 (Florida document number 1.22000293975		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:	<u>.</u>	
New Registered Office Address:	Enter Florida street addres	
	FI	orida
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LUIS ALVAREZ	789 W. YAMATO RD	□Add
		BOCA RATON, FL 33431	■Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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	ast be specific and cannot be prior to da block does not meet the applicable		
ecord specifies a delayed effect is filed.	ve date, but not an effective time,	at 12:01 a.m. on the earlier	of: (b) The 90th day after the
ted MAY 10	2023		
ted MAY 10	ima Signature of a member or authorized		

Filing Fee: \$25.00