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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	Lawn Care Service, LLC	-	•	
SUBJECT:	Name of Limi	ted Liability Company		
The revised Amiolog of	A mandmont and facts) are sub-	endment and fee(s) are submitted for filing. Ince concerning this matter to the following: Name of Person Bustamante Lawn Care Service, LLC Firm/Company 5835 State Road 29 South Address Labelle, FL 33935 City/State and Zip Code Bustamantelawncareservice@gmail.com E-mail address: (to be used for future annual report notification) erning this matter, please call: at (
Please return all correspo	ndence concerning this matter	to the following:		
	Naomi Bustamante			
		Name of Person		
	Bustamante Lawn Care Ser	rvice, LLC		
		Firm/Company		
	5835 State Road 29 South			
		Address		
	Labelle, FL 33935			
		City/State and Zip Code		
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please ca	all:		
Naomi Bustamante		at (
Name of Person		Area Code Daytin	ne Telephone Number	
Curleyed in a absolute for st	ka fallauring amount:			
	-	COCCOO CUI COC	C \$40.00 Ulling Reg	
□ \$25.00 Filing Fee	Solution Status E \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u>	5 <u>5:</u>	Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bustamante Lawn Care Service, LLC (Name of the Limited Liability C	Company as it now appears on our records.)
(A Florida Lin	mited Liability Company)	
	npany were filed on 07/11/2021	and assigned
Florida document number L22000307419	Company as it now appears on our records.	
This amendment is submitted to amend the following:	of Organization for this Limited Liability Company were filed on ment number L22000307419 ment is submitted to amend the following: ling name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or incipal offices address, if applicable: ffice address MUST BE A STREET ADDRESS) mailing address, if applicable: dress MAY BE A POST OFFICE BOX) ding the registered agent and/or registered office address on our records, enter the name of the new registered r the new registered Agent: me of New Registered Agent: w Registered Office Address:	
A. If amending name, enter the new name of the limited	t is submitted to amend the following: g name, enter the new name of the limited liability company here: st be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." dispal offices address, if applicable: e address MUST BE A STREET ADDRESS) ling address, if applicable: ss MAY BE A POST OFFICE BOX) g the registered agent and/or registered office address on our records, enter the name of the new registered new registered office address here: of New Registered Agent: Registered Office Address:	
The new name must be distinguishable and contain the words "Limited	I 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 ADDRES	<u> </u>	2 5 5
		2 3 7
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		22
B. If amending the registered agent and/or registered o	office address on our records, <u>enter t</u>	he name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	£la	rida
	, F10	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, 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
MGR	Hector Bustamante	5835 State Road 29 South	≅ Add
-		LBELLE, FL 33935	□ Remove
			Change
			□Add
			□Remove
		-	Change
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			□Change □Change
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Effective date, if other than the	date of filing:		(optional)	
f an effective date is listed, the date mus Note: If the date inserted in this bl	it be specific and cannot be prior to	date of filing or more than 90 da	ys after filing.) Pursuant	
document's effective date on the De		e statutory filling requiremen	its, this date will not b	e nsteu
e record specifies a delayed effectiv rd is filed.	e date, but not an effective time	e, at 12:01 a.m. on the earlic	r of: (b) The 90th day	y after t
July 15th	2022			
			-	

Filing Fee: \$25.00