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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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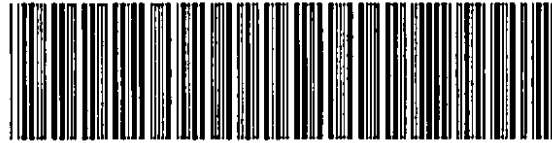
(Business Entity Name)

(Document Number)

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FILED  
2022 AUG 29 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FL



Jennifer A. Coya  
[jcoyalaw@gmail.com](mailto:jcoyalaw@gmail.com)

**Via Regular U.S. Mail**

August 22, 2022

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: LAS BRISAS NURSERY I, LLC**

Dear Personnel,

Enclosed herewith please find an Articles of Amendment to Articles of Organization for the above referenced Florida Limited Liability Company documenting the addition of a Manager. In addition please enclosed please find my firm's check payable to the Florida Department of State in the amount of twenty five (\$25.00) dollars representing the filing fee for the corresponding amendment.

Should you require any additional information in order to process this Amendment please do not hesitate to contact me on my cell (786) 395-6466 or via email: [jcoyalaw@gmail.com](mailto:jcoyalaw@gmail.com).

Sincerely,

**JENNIFER A. COYA, P.L.L.C.**

**JENNIFER A. COYA, ESQ.**

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Las Brisas Nursery I, 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 Company were filed on July 21, 2022 and assigned  
Florida document number L22000324542.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the 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*

Florida

*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 Changing Registered Agent, Signature of New Registered Agent**

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TALLAHASSEE FL

**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**


[illegible]

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(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)

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 22 2022

  
Signature of a member or authorized representative of a member

Jennifer A. Coya, Esq.

Typed or printed name of signee

**Filing Fee: \$25.00**