L22000354664

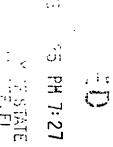
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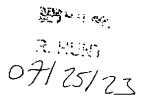
Office Use Only



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COVER LETTER

TO:

Registration Section

GAMBOA SUBJECT:	TREE & LANDSCAPE, LLC.		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	REYNIER GAMBOA FO	NSECA	
		Name of Person	
	GAMBOA TREE & LAN	DSCAPE, LLC.	
		Firm/Company	
	5483 AVENUE C		• • • • • • • • • • • • • • • • • • • •
		Address	
	BOKEELIA, FL 33922		7 PO 20
		City/State and Zip Code	
	GAMBOAFONSECA1986		ort notification)
		to be used for future annual repo	ort notification)
For further information c	oncerning this matter, please c	all:	
REYNIER GAMBOA F	ONSECA	239 789-97 at ()	723
Name o	f Person	Area Code I	Paytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Addr	
Registration S Division of C		Registration of Division of	on Section f Corporations
P.O. Box 632	•		e of Tallahassee
Tallahassee			Ionroe Street, Suite 810

Tallahassee, FL 32303

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

(<u>Name of the Limited Lia</u> (A Flo	bility Company as it no rida Limited Liability Co	w appears on o ompany)	our records.)	
The Articles of Organization for this Limited Liabilit Florida document number L22000354664	v Company were file	ed on <u>08/11/20</u>)22	and assigned
This amendment is submitted to amend the following	;			
A. If amending name, enter the new name of the l	imited liability com	pany here:		
GAMBOA LAWN CARE, LLC.				
The new name must be distinguishable and contain the words "	Limited Liability Compa	ny," the designa	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
				7.7 2.3
Enter new mailing address, if applicable:	NONE		<u>,</u>	10)
(Mailing address MAY BE A POST OFFICE BOX)			(37) (37) (37)	- E 1 :
			E SAT	N
B. If amending the registered agent and/or registe agent and/or the new registered office address her	red office address o <u>e</u> :	n our record	ls, enter the name	of the new regis
Name of New Registered Agent:)NE			
New Registered Office Address:	<u>-</u> -	F 12 1		
	•	Enter Florida str	vet uaaress	
 -	C'.	- 	, Florida	
	City			Zip Code

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
			Remove
			□ Change
			□ Add
		<u> </u>	□Remove
			□Change
			□Add
			© Remove
			Remove CALLER PHOTOLOGICAL Change CALLER PHOTOLOgical Ch
			□Add
			□Remove
			□ Change
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			□Add
			□Remove
			□ Change

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