# L22000399953

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#### **COVER LETTER**

## TO: Registration Section Division of Corporations Professionals of Landscaping LLC SUBJECT: 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: Mikel Drake Mailhot Name of Person Professionals of Landscaping LLC Firm/Company 5648 Redhawk Dr. Address New Port Richey, FL 34655 City/State and Zip Code professionalsoflandscaping@gmail.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: Monica Dwinell Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Professionals of Landscaping LLC

(Name of the Limited	Liability Company as it now appears on our re Florida Limited Liability Company)	cords.)
he Articles of Organization for this Limited Lial lorida document number 1.22000399953	pility Company were filed on 09/13/2022	and assigned
his amendment is submitted to amend the follow	ring:	
. If amending name, enter the new name of t	he limited liability company here:	
he new name must be distinguishable and contain the wor	ds "Limited Liability Company." the designation "	LLC" or the abbreviation "L.L.C,"
nter new principal offices address, if applical	ole:	7023 TAI
Principal office address MUST BE A STREET	ADDRESS)	
nter new mailing address, if applicable:		
<u> Iailing address MAY BE A POST OFFICE B</u>	<u></u>	<u> </u>
. If amending the registered agent and/or reg gent and/or the new registered office address	·	iter the name of the new regist
Name of New Registered Agent:	Mikel Drake Mailhot	
New Registered Office Address:	5648 Redhawk Dr. Enter Florida street ac	ldress
	New Port Richell	Florida 34055

#### 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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
CEO	Monica Dwinell	5648 Redhawk Dr.	_ 🗆 Add
		New Port Richey, FL 34655	<b>≡</b> Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			_ 🗆 Add
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			_ □Change
		A A	<b>23</b> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 Signature of a member of authorized representative of a member Mikel Drake Mailhot Typed or printed name of signee