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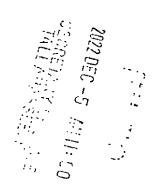
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. COVER LETTER

TO:

Registration Section Division of Corporations

	O NURSERY AND LANDSCA	APING LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	REINA D PORTILLO		
		Name of Person	
	PORTILLO NURSERY A	AND LANDSCAPING LLC	
		Firm/Company	
	65 NE 12TH AVE		
		Address	7022 CED
	HOMESTEAD, FL 33030)	7022 DEC
		City/State and Zip Code	
	reynaportH@gmail.com		
	E-mail address: (to be used for future annual report notif	lication)
For further information	concerning this matter, please c	rall:	700
REINA D PORTILLO		786 3463628	
Name	of Person		: Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PORTILLO NURSERY AND LANDSCAPING LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were	e filed on 09/22/2022 and assigned
Florida document number 1.22000414048	
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 Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	5 20
	70 20 F
Enter new mailing address, if applicable:	ار الله الله الله الله الله الله الله ال
	77
(Mailing address MAY BE A POST OFFICE BOX)	
_	
B. If amending the registered agent and/or registered office address here:	ess on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Cin: Zin 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

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>	Name	Address	Type of Action
MGR	MARIA D PORTILLO	65 NE 12TH AVE, HOMESTEAD, FL 33030	🗆 Add
			≣Remove
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fective date, if other than the d in effective date is listed, the date must b ote: If the date inserted in this bloc cument's effective date on the Dep	ate of filing: _ e specific and can k does not meet	the applicable		re than 90 days aft		
record specifies a delayed effective of is filed.	late, but not an	effective time,	at 12:01 a.m. o	the earlier of:	(b) The 90th	day after the
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