

L22000414674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

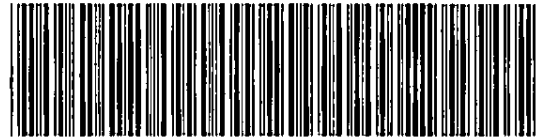
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 17 2022

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TALLAHASSEE, FL  
OCT 17 AM 2:06

R. HUNT

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CABRERA LAWN CARE & TREE SERVICES LANDSCAPING LLC

\_\_\_\_\_  
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:

JOSE D CABRERA

\_\_\_\_\_  
Name of Person

CABRERA LAWN CARE & TREE SERVICES LANDSCAPING LLC

\_\_\_\_\_  
Firm/Company

7297 PALMDALE DR

\_\_\_\_\_  
Address

BOYTON BEACH, FL 33436

\_\_\_\_\_  
City/State and Zip Code

CABRERAWNCARE2022@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

FILED  
2022 OCT 17 AM 2:06  
CLERK OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

MIRIAM TORRES

561 951-9483

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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2022 OCT 17 AM 2:06  
CLARK COUNTY, FL  
CLERK OF STATE

2022 OCT 17 AM 2:06  
CLERK OF STATE  
FLORIDA, FL

FILED  
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CLERK OF STATE  
TALLAHASSEE, FL

(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 OCOTER 07 , 2022

Jose D Cabrera

Signature of a member or authorized representative of a member

JOSE D CABRERA

Typed or printed name of signee

**Filing Fee: \$25.00**