L22000478923

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer |
| |
| |
| 1 |
| |
| |
| |

Office Use Only



500406552635

0.12/2: -01362 -066 (**1:00)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the form and instructions to amend the Articles of Organization of a Florida Limited Liability Company.

A limited liability company can amend its articles of organization by filing articles of amendment with the Division of Corporations that meet the requirements of s. 605.0202, Florida Statutes, which is printed on the reverse side of this letter.

- Pursuant to s.605.0202 (2)(d), Florida Statutes, the document must be typed or printed and must be legible.
- Pursuant to s. 605.0207, Florida Statutes, an effective date may be specified but it must be specific, cannot be prior to the date of filing, and cannot be more than 90 days in the future.
- If you are changing the name of the limited liability company, the new name must be distinguishable on the records of the Florida Department of State.

The new name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

- If the registered agent is changed by the amendment, the new agent must sign accepting the appointment, and must state that he or she is familiar with and accepts the obligations of the position. Additional sheets may be attached if necessary.
- The fees are as follows: \$25.00 Filing Fee

\$30.00 Certified copy (optional)

S 5.00 Certificate of Status (optional)

Submit one check made payable to the Florida Department of State for the total amount of the filing fee and any certificate or copy. Please include a cover letter containing your daytime telephone number and return address. A letter of acknowledgment will be issued after the amendment has been filed.

Any further inquiries on this matter should be directed to the Registration Section by calling (850) 245-6051, or by writing Division of Corporations, P. O. Box 6327, Tallahassee, FL, 32314.

NOTE: THIS FORM FOR FILING ARTICLES OF AMENDMENT IS BASIC. EACH LIMITED LIABILITY COMPANY IS A SEPARATE ENTITY AND AS SUCH HAS SPECIFIC GOALS, NEEDS, AND REQUIREMENTS. ADDITIONAL SHEETS MAY BE ATTACHED AS REQUIRED.

THE DIVISION OF CORPORATIONS RECOMMENDS THAT ALL DOCUMENTS BE REVIEWED BY YOUR LEGAL COUNSEL. THE DIVISION IS A FILING AGENCY AND AS SUCH DOES NOT RENDER ANY LEGAL, ACCOUNTING, OR TAX ADVICE. THE PROFESSIONAL ADVICE OF YOUR LEGAL COUNSEL TO ASCERTAIN EXACT COMPLIANCE WITH ALL STATUTORY REQUIREMENTS IS STRONGLY RECOMMENDED.

605.0202 Amendment or restatement of articles of organization.—

- (1) The articles of organization may be amended or restated at any time.
- (2) To amend the articles of organization, a limited liability company must deliver to the department for filing an amendment, designated as such in its heading, which contains the following:
- (a) The present name of the company.
- (b) The date of filing of the company's articles of organization.
- (c) The amendment to the articles of organization.
- (d) The delayed effective date, as provided under s. 605.0207, if the amendment is not effective on the date the department files the amendment.
- (3) To restate its articles of organization, a limited liability company must deliver to the department for filing an instrument, entitled "Restatement of Articles of Organization," which contains the following:
- (a) The present name of the company.
- (b) The date of the filing of its articles of organization.
- (c) All of the provisions of its articles of organization in effect, as restated.
- (d) The delayed effective date, as provided under s. 605.0207, if the restatement is not effective on the date the department files the restatement.
- (4) A restatement of the articles of organization of a limited liability company may also contain one or more amendments to the articles of organization, in which case the instrument must be entitled "Amended and Restated Articles of Organization."
- (5) If a member of a member-managed limited liability company or a manager of a manager-managed limited liability company knew that information contained in filed articles of organization was inaccurate when the articles of organization were filed or became inaccurate due to changed circumstances, the member or manager shall promptly:
- (a) Cause the articles of organization to be amended; or
- (b) If appropriate, deliver to the department for filing a statement of change under s. 605.0114 or a statement of correction under s. 605.0209.

COVER LETTER

| 10: Registration S Division of Co | | | |
|------------------------------------|---|---|--|
| SUBJECT: V & P PR | ECISION CUT AND LANDS | | |
| | Name of Li | mited Liability Company | |
| The enclosed Articles o | f Amendment and fec(s) are su | hmitted for tiling | |
| | ondence concerning this matte | - | |
| | · · · · · · · · · · · · · · · · · · · | , to the temporing. | |
| | PAUL BROWN JR | | |
| | | Name of Person | <u></u> |
| | V & P PRECISION CUT | AND LANDSCAPING LLC | |
| | | Firm-Company | |
| | 7138 SW3RD TER | | |
| | | Address | |
| | BUSHNELL FL 33513 | | |
| | pj4966@yahoo.com | City/State and Zip Code | |
| | | to be used for future annual report notif | ication) |
| For further information of | concerning this matter, please c | all: | |
| VALENTIN ROSAS | | 352 458-1074 | |
| Name of Person | | at ()Area Code Daytime | 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 enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres | | Street Address: | |
| Registration 9 | Section | Danistant - C | |

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

| VALENTIN'S PRECISION CUT LLC | | |
|--|---|--|
| (<u>Name of the Limited Li</u> (A Fl | ability Company as it now appears on orida Limited Liability Company) | our records.) |
| The Articles of Organization for this Limited Liabili | ty Company were filed on 11/08/2 | 023 and assigned |
| Torida document number L22000478923 | · | • |
| his amendment is submitted to amend the following | g: | |
| a. If amending name, enter the new name of the | limited liability company here: | |
| & P PRECISION CUT AND LANDSCAPING LLC | | |
| he new name must be distinguishable and contain the words." | Limited Liability Company," the designa | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET AL | | |
| | TO REGIOT | |
| | | |
| ntor now mailing address (Carallant) | | |
| nter new mailing address, if applicable: | | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX | <u> </u> | |
| | | |
| If amonding the state of the st | | |
| . If amending the registered agent and/or registe gent and/or the new registered office address her | ered office address on our record | s, enter the name of the new regist |
| | <u>.</u> | |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | () rd | |
| | Enter Florida str | eet 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

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 |
|--------------|---------------|-------------------|----------------|
| MGR | PAUL BROWN JR | 738 NW 6TH STREET | |
| | | WEBSTER FL 33597 | |
| | | | □Change |
| | - | | |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □ Remove |
| | | | □ Change |
| | | | □Add |
| | | | []Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |

| | | | | | | | _ |
|---|---------------------|--------------------|--|-------------------------------------|---|---|------------------|
| | | | | | - | | |
| | | | _ | | | | |
| | | | <u> </u> | | | | _ |
| | | | | | <u> </u> | | |
| | | | | | | <u>_</u> | _ |
| | | | | | | | |
| | | | | | | | |
| | | | - | | | | _ |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | - | _ |
| | | | | | | | _ |
| | | | | | · | | _ |
| | | <u> </u> | | | | | |
| | | | | | | | |
| | | | | | | | _ |
| | | <u> </u> | <u>. </u> | | . | | - |
| | _ | | <u> </u> | | _ | | _ |
| fective date, if other to an effective date is listed, the ote: If the date inserted cument's effective date | in and mock does | s not incertaic ap | prior to date of f | lling or more th tory filing req | (optio an 90 days after f uirements, this | nal) iling.) Pursuant to 60 date will not be lis | 05.020 sted a |
| ecord specifies a delayed is filed. | l effective date, b | ut not an effecti | ve time, at 12: | 01 a.m. on the | e earlier of: (b) | The 90th day aft | er the |
| | | 2023 | | | | | |
| ted MARCH 31 | | | · | | | | |
| ted MARCH 31 Paw | Rignature | | | | | | |

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000478923

Entity Name: VALENTIN'S PRECISION CUT LLC

FILED Mar 31, 2023 **Secretary of State** 0064852505CC

Current Principal Place of Business:

7138 SW 3RD TER BUSHNELL, FL 33513

Current Mailing Address:

7138 SW 3RD TER BUSHNELL, FL 33513

FEI Number: 92-1018702

Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

ROSAS, VALENTIN 7138 SW 3RD TER BUSHNELL, FL 33513 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title Name

Address

MGR

ROSAS, VALENTIN

7138 SW 3RD TER

Title

MGR

Name

BROWN JR, PAUL

Address

738 NW 6TH STREET

City-State-Zip: BUSHNELL FL 33513

City-State-Zip: WEBSTER FL 33597

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL BROWN JR

MANAGER

03/31/2023

Payment Receipt Confirmation

Your payment was successfully processed.

| Tran | saction | Summary |
|------|---------|---------|
| | | |

Receipt Confirmation Description **Amount** \$138.75 Total Amount Paid \$138.75

Customer Information

Customer Name Local Reference ID Paul Brown 0064852505CC L22000478923

Receipt Date Receipt Time

3/31/2023 04:58:53 PM EDT

Payment Information

Payment Type Credit Card Type

Credit Card VISA

US

Credit Card Number Order ID

******8372 40755588

Billing Information

Billing Address Billing City, State ZIP/Postal Code Country

738 NW Sixth street Webster, FL 33597

Phone Number

352-457-9842

This receipt has been emailed to the address below. **Email Address** pj4966@yahoo.com