## L22000497453

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LLC NE Amend

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A. RAMSEY AUG 2 9 2023

## **COVER LETTER**

	sion of Corp			•		
		SERVICE & LANDSCAPINO	GLLC			
SUBJECT:		Name of Limit	ed Liability Company			
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.			
Please return	all correspon	dence concerning this matter to	o the following:			
		JAIR PEREZ				
			Name of Person			
		JAIR TREE SERVICE & L	LANDSCAPING LLC			
			Firm/Company			
		3738 D ROAD				
		Address				
		LOXAHATCHEE, FL 334	70			
		City/State and Zip Code jairtreelandscaping@gmail.com				
		E-mail address: (t	to be used for future annual report noti	fication)		
For further i	nformation co	oncerning this matter, please ca	all:			
JAIR PERE	Z		561 2027247			
	Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed is	a check for th	e following amount:				
■ \$25.00	Filing Fee	S30.00 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

JAIR TREE SERVICE & LANDSCAPING LLC

2823 AUG -7 AM 11: 55

The Articles of Organization for this Limited Liability Company were filed on 11/22/2022 and assigned Florida document number \_\_\_\_\_L22000497453 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JAIR LANDSCAPING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_\_

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			□ Add		
			□Remove		
			Change		
			□Remove		
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		_	□Remove		

□Change

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(If an effective Note: If	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	8/01/2023
	Jair Perez
	Signature of a member or authorized representative of a member
	JAIR PEREZ
	Typed or printed name of signee

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Filing Fee: \$25.00