

L22000502348

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: W.S.E 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:

DIELSON EMILE

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

W.S.E LANDSCAPING, LLC

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

719 SW JORDIN AVE

\_\_\_\_\_  
Address

PORT ST. LUCIE, FL 34953

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

emile788@gmail.com

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

For further information concerning this matter, please call:

DIELSON EMILE

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

561 633-9109  
at ( )  
Area Code

\_\_\_\_\_  
Daytime 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 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**

W.S.E LANDSCAPING, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/29/2022 and assigned

Florida document number L22000502348

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 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

\_\_\_\_\_, 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 including 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>
MGR	DIELSON EMILE	719 SW JORDIN AVE	<input type="checkbox"/> Add
		PORT ST. LUCIE, FL 34953	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	WALTER INTFLEUR	512 SE EUCLID LN	<input type="checkbox"/> Add
		PORT ST. LUCIE, FL 34983	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MARIE NORMIL	5440 NW MOORHEN TRL APT 207	<input type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34986	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	WILSON CHARLEUS	719 SW JORDIN AVE	<input type="checkbox"/> Add
		PORT ST. LUCIE, FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**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.

Dated SEPTEMBER 6TH 2024

Dej xcf  
Signature of a member of authorized representative of a member

Typed or printed name of signee