

L23 0000 14656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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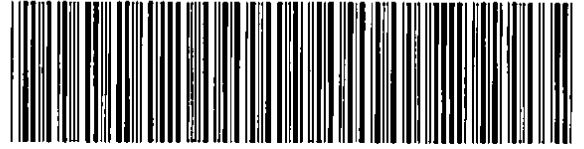
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GEO'S LAWN SERVICES 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 RAMON ALBALADEJO

Name of Person

Firm/Company

1647 SW 23RD WAY

Address

DEERFIELD BEACH, FL 33442

City/State and Zip Code

albaladejo7@gmail.com

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

For further information concerning this matter, please call:

JOSE RAMON ALBALADEJO

939

432-0075

at (_____) _____

Name of Person

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

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TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GEO'S LAWN SERVICES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/06/2023 and assigned
Florida document number L23000014656.

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)

1647 SW 23RD WAY

DEERFIELD BEACH, FL 33442

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1647 SW 23RD WAY

DEERFIELD BEACH, FL 33442

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:

JOSE RAMON ALBALADEJO

New Registered Office Address:

1647 SE 23RD WAY

Enter Florida street address

DEERFIELD BEACH

City

Florida 33442

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.

Jose R. Albaladejo

If Changing Registered Agent, Signature of New Registered Agent

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STATE
TALLAHASSEE, FL

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>
AMBR	SHIRLEY V MARTINEZ GOMEZ	1725 PALM COVE BLVD #2-102	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NOYMIN G ESCOBAR VILLATORO	1725 PALM COBE BLVDD # 2-102	<input type="checkbox"/> Add
		DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOSE RAMON ALBALADEJO	1647 SW 23RD WAY	<input checked="" type="checkbox"/> Add
		DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JULIO E MAZARIEGOS ESCOBAR	4864 NE 19TH TERRACE	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL 33064	<input 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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

F. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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 July 11th, 2024

Signature of _____

Signature of a member or authorized representative of a member

JOSE RAMON ALBALADEJO

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FL

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