

L2300000/6751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

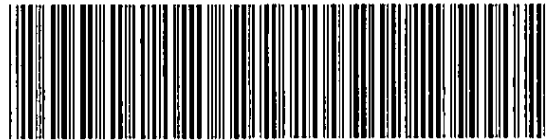
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

02/20/24

R. HUNT

02/20/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sebastian's Lawn Care 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:

Johana Villatoro

Name of Person

Sebastian's Lawn Care LLC

Firm/Company

2741 SE Normand St

Address

Stuart, FL 34997

City/State and Zip Code

johanavillatoro66@gmail.com

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

For further information concerning this matter, please call:

Johana Villatoro

Name of Person

at (772)

Area Code

403-3136

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**

Sebastian's Lawn Care 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 01/09/2023 and assigned Florida document number L23000016754.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

El Maestro Lawn Care 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:

Johana Villatoro

New Registered Office Address:

2741 SE Normand St

Enter Florida street address

Stuart

City

Florida 34997

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.




FILED
SEP 20 PM 4:01
CLERK OF STATE
TALLAHASSEE, FL

RECEIVED
JAN 20 1968
U.S. DEPT. OF STATE
WASHINGTON, D.C.

(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)

Dated February 7th, 2024


Signature of a member or authorized representative of a member

Typed or printed name of signee