## L23000061020

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	_
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	

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SECRETARY OF STANDS JAN 17 AM 9:0
TALLAHASSEE, FL.

## COVER LETTER

TO:

Registration Section

Division of Cor	porations			
SUBJECT: G	V enviromenta Name of Limi	Landscape F	pros UC	
The enclosed Articles of .	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
	Corlos -	D. Garcia Lemys Name of Person  Priving Mental Land Firm Company	: Scape pros LL	C
		Baker dr. Address		
	Lakel  Cgal  E-mail addros: (1)	and FL 33810  City/State and Zip Code  Cita 0410 g mail.com o be used for future about report notifice	TALLAHASSEE, FL	2025 JAN 17 AM 9: 51
For further information co	oncerning this matter, please ca	III:	Só C	
Carlos D	Garcia Lemos	at ( <u>\$63</u> ) <u>450 -</u> Area Code Daytime T	6078 7 E	9: 51
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 tadditional copy is enclose	
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration Secti Division of Corpo The Centre of Tal	orations lahassee	
Tallahassee, I	FL 32314	2415 N. Monroe S	Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	Land Scape Propagation of the Pr	os LLC
The Articles of Organization for this Limited Liability Company Florida document number <u>L230000 G1 O20</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi  FES managment LLC  The new name must be distinguishable and contain the words "Limited Liabili		abbreviation "LLC"
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1411 Baker dr FL 33810	Lakeland
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14/1 Baker dr FL 33810	Lakelard
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the na	SECOME TANKS
Name of New Registered Agent:		OF S
New Registered Office Address:	Enter Florida street address	9: 51 STATE
<del></del>	Florida _	Zip Code
	Cit)	zap vaac

## 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 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>	Name	Address	Type of Action
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		, <u></u>	
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	CRETALLAR	WW Con
ective date, if other than	the date of filing: (optional)	
	e must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant 16:605.020 his block does not meet the applicable statutory filing requirements, this date will not be listed a	
nument's effective date on t	he Department of State's records.  Sective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	<b>7</b> .
	7 AT	ת
ecord specifies a delayed eff	sective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
s filed.		
ted 1/17/25		
ted 1/1/4/23		
	Cali Sur	
	Signature of a member or authorized representative of a member	
	Carlos D. Garcia Lemus.	

Filing Fee: \$25.00