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## **COVER LETTER**

	Registration Se Division of Cor					
		PINES LANDSCAPE AND HA	ARDSCAPE LLC			
SUBJEC	Т:	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		KEVIN BUSH				
			Name of Person			
		CALUSA PINES LANDS	CAPE AND HARDSCAPE LLC			
			Firm/Company	· <del></del>		
		990 IST AVE S #200		<u>س</u>		
			Address			
		NAPLES, FL 34102		.,,		
			City/State and Zip Code			
		CGATES@CPLNAPLES.C	IOM to be used for future annual report not	ification)		
For furthe	er information c	oncerning this matter, please c	all:	:		
CORRIE	GATES		239 250-2240 at ( )			
	Name o	of Person		ne Telephone Number		
Enclosed	is a check for the	he following amount:				
■ \$25.0	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 Addres Registration		Street Address: Registration Se	ection		
1	Division of C	Corporations	Registration Section Division of Corporations			
]	P.O. Box 632	27	The Centre of	Fallahassee		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CALUSA PINES LANDSCAPE AND HARDSCAPE 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 2/6/23 and assigned Florida document number 1,23000066072 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 "LLC." 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.

\_, Florida \_\_\_

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KEVIN BUSH	990 1ST AVE S #200	■Add
		NAPLES,FL 34102	□Remove
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effecti <u>e:</u> If t	date, if other that ive date is listed, the da- the date inserted in the case of the case	ate must be specific this block does n	c and cannot be prior to meet the app	ior to date of filing licable statutory	g or more than 90 offling requirent	(optional days after filin nents, this dat	g.) Pursuant to 605.02
cord sp s filed.	pecifies a delayed e	ffective date, but	not an effective	e time, at 12:01	a.m. on the earl	ier of: (b) T	he 90th day after th
ed	1102	3		·			
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