

L23000073205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

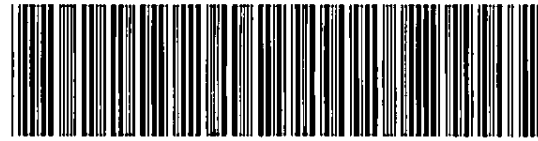
(Document Number)

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FLORIDA DEPARTMENT OF STATE

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A. C. C. C. C.

011-4 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CL PROPERTY IMPROVEMENT 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:

TANGELLA ROBINSON

Name of Person

TR PROPERTY IMPROVEMENT AND LAWN SERVICE LLC

Firm/Company

1950 LEE ROAD SUITE 114

Address

WINTER PARK, FLORIDA 32789

City/State and Zip Code

tangella.robinson@gmail.com

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

For further information concerning this matter, please call:

TANGELLA ROBINSON

407

860-6495

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

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

CL PROPERTY IMPROVEMENT 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 2/16/2023 and assigned
Florida document number L23000073205.

This amendment is submitted to amend the following:

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

TR PROPERTY IMPROVEMENT AND LAWN SERVICE 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)

1950 LEE ROAD

SUITE 114

WINTER PARK, FLORIDA 32789

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1950 LEE ROAD

SUITE 114

WINTER PARK, FLORIDA 32789

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:

TANGELLA ROBINSON

New Registered Office Address:

1950 LEE ROAD SUITE 114

Enter Florida street address

WINTER PARK, FLORIDA

Florida 32789

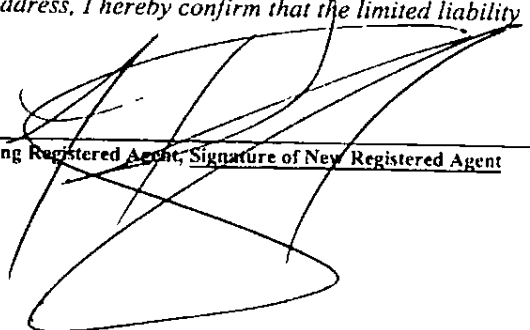
City

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 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	LUX, CARLOS	2369 TOM JONES ST	<input type="checkbox"/> Add
		ORLANDO, FL 32839	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHIKIRA ROBINSON	1950 LEE ROAD	<input checked="" type="checkbox"/> Add
		SUITE 114	<input type="checkbox"/> Remove
		WINTER PARK, FLORIDA 32789	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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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 OCTOBER 1 2023

Jamella Robinson
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00