## L23000087450

(Requestor's Name)
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(Document Number)
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04/20/23--01013--027 \*\*30.00



A. RIVERS
JUN - 7 2023

## **COVER LETTER**

SUBJECT:	<del></del>		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Yosleixy Rivero		
		Name of Person	
	Rivero Landscaping and T	ree Care L.IC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	26035 S DIXIE HWY		
Address			
	NARANJA, FL 33032		
		City/State and Zip Code	<del></del>
	RLtreecare@outlook.com		
		to be used for future annual report not	ification)
For further information co	ncerning this matter, please c	all:	
Nancislyn Gonzalez		786 229-2474 at ( )	
Name of	Person		ne 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:	: _	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

RIVERO LANDSCAPING AND TREE CARE L.L.C			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on FEBRUARY 17, 2023	and assigne	ed
Florida document number L23000087950			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C.	<del></del>
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)			
		20.7 S	
B. If amending the registered agent and/or registered office	address on our records, enter the na	me of the few re	gistered
agent and/or the new registered office address here:		APR AHA	- ,
		20 ARY ASS	
Name of New Registered Agent:			<u> </u>
New Registered Office Address:		S <b>6</b>	
	Enter Florida street address	M 8: 12	
	Florida _		
	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 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>	Address	Type of Action
AR	YOSLEIXY M RIVERO	24394 SW 214 PL	□ Add
		HOMESTEAD, FL 33031	□Remove
			<b>≣</b> Change
MGR	YOSLEIXY RIVERO	24394 SW 214 PL	<b>≣</b> Add
		HOMESTEAD, FL 33031	□Remove
		<del></del>	□ Change
	<del> </del>	<u> </u>	□ Add
			□Remove
			□Change
			□Add
		-	Remove
			Change
			□Add
			Remove
			Change
	<del></del>		□Add
			□Remove
			□Change

PLEASE ADD, EIN (TAX E	ID) NUMBER: 92-2613372 WITH AN EFFECTIVE DATE FEBRUARY 28, 2023
	· · · · · · · · · · · · · · · · · · ·
	<del>-</del>
tive date, if other than the	date of filing: (optional)
ffective date is listed, the date must	at be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 ock does not meet the applicable statutory filing requirements, this date will not be list
ment's effective date on the De	epartment of State's records.
ord specifies a delayed effective filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
03/17/2023	09:00 A.M
	WB
	Signature of a member or authorized representative of a member
•	

Filing Fee: \$25.00