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ann in			LLC	•			
SUBJEG	<u></u>	Name of Limi	ited Liability Company				
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please re	cturn all correspo	ndence concerning this matter	to the following:				
		LUCIO JIMENES TAPER	lA				
			Name of Person				
			Firm/Company				
Division of Corporations JIMENEZ LANDSCAPING SERVICE'S 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: LUCIO JIMENES TAPERIA Name of Person							
			Address				
		PANAMA CITY, FLORID	DA 32405				
			City/State and Zip Code				
			have des future annual report not	ification)			
For furtl	her information c			incanon)			
LUCIO	JIMENES TAPE	ERIA					
•	Name o	f Person	Area Code Daytin	ne Telephone Number			
Enclose	d is a check for th	ne following amount:					
□ \$ 25	.00 Filing Fee		Certified Copy	Certificate of Status &			
				ection			
<u> </u>			Division of Co	Division of Corporations			
	P.O. Box 632 Tallahassee,			Fallahassee oe Street, Suite 810			

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HMBNEZ LANDSCAPING SERVICES LLC

1967	S. S. Park	<u>[</u>	ED
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JIMENEZ LANDSCAFING SERVICES LLC			` n #. #
(Name of the Limited Liability Company a	s it now appears on our re-	cords.)	
(Name of the Limited Liability Company a (A Florida Limited Liabi	ility Company)	ZuSi DEC 10	AM 10: 06
The Articles of Organization for this Limited Liability Company we	re filed on 03/22/2023	SEU. TALLAHAS	and assigned
lorida document number L23000146020		MELAHAS	SEE, FL
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company here:		
GENERAL LANDSCAPING & ROOFING LLC			
he new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "	LLC" or the abbrevia	ition "L.L.C."
Enter new principal offices address, if applicable:			<u>. </u>
Principal office address MUST BE A STREET ADDRESS)			<u> </u>
-			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
_			****
3. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	ress on our records, <u>er</u>	nter the name of	the new regist
Name of New Registered Agent:			<u>. </u>
Name of New Registered Agent: New Registered Office Address:			
	Enter Florida street ac	ldress	
		, Florida	ip Code

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
.			□Add
			Remove
		<u> </u>	Change
			□Add
		***	□Remove
			DAdd
			□Remove
			□Change
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			□Remove
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ective date, if other than the a effective date is listed, the date muster. If the date inserted in this blument's effective date on the D	ock does not me	eet the applicat	date of filing or ole statutory fili	more than 90 days ing requirements	optional) after filing.) Pursua , this date will no	ant to 605.0207 or be listed as
cord specifies a delayed effectives filed.	e date, but not a	in effective tim	ie, at 12:01 a.m	. on the earlier o	f: (b) The 90th	day after the
DECEMBER 03	·	2024	_•			
<i>j</i>						
1 .						
	Signature of a m	ember or author	ized representati	ve of a member		

Filing Fee: \$25.00