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Division of Corporations

Florida Departmento State

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To:

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From:

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Account Number : I20200000155

Phone : (305)882-1238

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AP DIAZ LANDSCAPING LLC

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Corporate Filing Menu

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MAY 0 8 2023

Tallahassee, FL 32314

COVER LETTER

Division of C		•	
	LANDSCAPING LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please return ail corres	pondence concerning this matter	to the following:	
	ADRIAN PINA VEGA		
		Name of Person	
	AP DIAZ LANDSCAPIN	G LLC	
		Firm/Company	<u></u> .
	12390 NE 2ND CT		
		Address	
	NORTH MIAMI FL 3316	1	
		City/State and Zip Code	
	AB1100@YAHOO COM E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c		
ADRIAN PINA VEGA		786 304-9561	
Name	of Person	at () Area Code Daytir	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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registration		Street Address:	and in a
	Corporations	Registration Se Division of Co	
P.O. Box 63	•	The Centre of	

2415 N. Monroc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AP DIAZ LANDSCAPING LLC				
(Name of the Lir	nited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited	Liability Company were filed on 4/	10/2023	and assig	ned
Florida document number L23000175218				
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name	of the limited liability company he	ere:		
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbrev	iation "L.L.(·
Enter new principal offices address, if appl	icable:			
Principal office address MUST BE A STRE	ET ADDRESS)			
				
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	E BOX)		7000	
3. If amending the registered agent and/or	registered office address on our re	ecords, <u>enter the name of</u>	the new r	egistere
agent and/or the new registered office addr	ess here:		2023	
Name of New Registered Agent:	ADRIAN PINA VEGA		2023 M.K.Y	•
New Registered Office Address:	12390 NE 2ND CT		υ :	
	Enter Flori	ida street address	밀	,
	NORTH MIAME	, Florida <u>33161</u>		
	City		iv Códe	

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.

(Wile.

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
MGR	ADRIAN PINA VEGA	12390 NE 2ND CT	■Add
		NORTH MIAMI FL 33161	
			□Change
AP	YANELIS DIAZ	12390 NE 2ND CT	DAdd
		NORTH MIAMI FL 33161	■ Remove
			□Change
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			DAdd
			□Remove
		• • • • • • • • • • • • • • • • • • • •	
			□Add
			□ P.e.mo./a

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(it an effer <u>Note:</u> I	re date, if other than the date of filing:
If the record record is file	specifics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	5/5 2023
	Signatily of a member or authorized representative of a member
	Typed or printed name of signee