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COVER LETTER

TO:

TO: Registration Se Division of Co			
NATALIC SUBJECT:	MATEO TREE & LANDSCA	APING SERVICE LLC	
SOBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NATALIO MATEO		
		Name of Person	
	NATALIO MATEO TRE	E & LANDSCAPING SERVICE I	.LC
		Firm/Company	
	26664 TOKEN COURT		
		Address	
	BONITA SPRINGS, FL 3	4135	. 0
		City/State and Zip Code	 ::
	nmateotreeservice@yahoo.		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
NATALIO MATEO		239 234-7031	
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration 5		Street Address: Registration Se	ction
Division of C		Division of Co	
P.O. Box 632	7	The Centre of 1	Tallahassee
Tallahassee, 1	FL 32314	2415 N. Monre	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATALIO MATEO TREE & LANDSCAPING SERVICE 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 04/13/2023	and assigned
Florida document number <u>L23000184692</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited 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 ADD.	<u>RESS)</u>	
		—,
Enter new mailing address, if applicable:		<u>ro</u>
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street aa	Florida street address
		Florida 34135
	Ciņ	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of my duties igent as provided for in Chapter 60 ed office address, I hereby confirn	s, and I am familiar with and 05, F.S. Or, if this document is
	If Changing Registered Agent, Signati	ure 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>	Address	Type of Action
AMOR	MAHELI CORADO ASENCIO DI	26664 TOKEN COURT, BONITA SPRINGS, FL 3	413 ■Add
			□Remove
			🗆 Change
			□ Add
			🗀 Remove
			□ Change
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effective date is listed, the date m : If the date inserted in this	oust be specific and cannot be prior to date of f	(optional) iling or more than 90 days after filing.) Pursuant to 605.03 tory filing requirements, this date will not be listed
ord specifies a delayed effect filed.	ive date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90th day after the
d	. /2023	
	Signature of a member or authorized repre	

Filing Fee: \$25.00