L23000268586

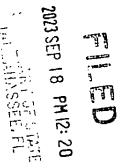
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Special Instructions to	Filing Officer:	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 18, 2023

JUSTIN P. QUADE QUADES LANDSCAPING LLC 10440 GOOSEBERRY COURT TRINITY, FL 34655 US

SUBJECT: QUADES LANDSCAPING LLC

Ref. Number: L23000268586

We have received your document for QUADES LANDSCAPING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title you have listed for the individual(s) managing the LLC is not acceptable. We cannot accept the terms: partner or owner.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez Regulatory Specialist II

Letter Number: 123A00019120

SEY 18 2023

COVER LETTER

Division of Corporations		•	
	and Scaling LLC.	<u> </u>	
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
	Name of Person		
Quad	Jes Laudscaping	4C_	
	600Seberny Count		
Trinity	City/State and Zip Code	2	
E-mail address:	1052@ Yahro Coc	DZ3 SE	
For further information concerning this matter, please JUSY (a Qualo	call: 763- at (2007) 218-1	PIB PM	
Name of Person	Area Code Daytime	Telephone Number 22 20	`*tes
Enclosed is a check for the following amount:			
\$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section	Street Address:		

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

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

Qua	des Lands	Pulling L	LC_		
(Name of the Limit	ed Liability Company as i (A Florida Limited Liabilit	t now appears on our y Company)	records.)		
The Articles of Organization for this Limited Li Florida document number <u>L230026</u>	iability Company were	filed on $6-2$	1-23	_ and assigned	j
This amendment is submitted to amend the folio	owing:				
A. If amending name, enter the new name of	the limited liability c	ompany here:			
The second of th					
The new name must be distinguishable and contain the w	ords "Limited Liability Cor	npany." the designation	"LLC" or the abbre	viation "L.L.C."	•
Enter new principal offices address, if applications	able:			73 - (2 - (2 - 1	
(Principal office address MUST BE A STREE	T ADDRESS)		<u></u>	4	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u> <u>BOX)</u>		SEE FL	B PH 12: 20	
B. If amending the registered agent and/or reagent and/or the new registered office address	s here:				
Name of New Registered Agent:	_ Justin C	Lade (N Was Le	ft off v	we)
New Registered Office Address:	Justin C Same as cure Trinity	Enter Florida street a	0 6005 d	MAY COUP	I
	Trinity	v	, Florida	4655 Lip 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

Title	<u>Name</u>	Address	Type of Action
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m effective date ote: If the dat	, if other than the e is listed, the date mus te inserted in this ble ective date on the De	t be specific and ock does not n	cannot be prioneet the applic	cable statutory	or more than 90	(optional)) ;.) Pursuai	nt to 605.02
record specifie is filed.	es a delayed effectiv	e date, but not	an effective t	ime, at 12:01	a.m. on the earl	ier of: (b) T	he 90th d	lay after the
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Filing Fee: \$25.00