123000281599

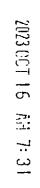
| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| , |
| (City/State/Zip/Phone #) |
| (City/State/Zip/Fillone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |





500417431425

10/15/23--01043--018 **25.00



EE0211461)

COVER LETTER

TO:

| TO: Registration Se Division of Cor | | | | | |
|---|---|--|--|--|--|
| LTL Lands | caping LLC | | | | |
| Name of Limited Liubility Company | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspo | ndence concerning this matter | to the following: | | | |
| | Thomas D Kiernan | | | | |
| | | Name of Person | | | |
| | LTL Landscaping LLC | | | | |
| | | Firm/Company | | | |
| | 26852 Coral Vine Ln | | | | |
| | | Address | | | |
| | Wesley Chapel FL 33544 | | | | |
| | | City/State and Zip Code | | | |
| | Itllandscapinglle@gmail.co | m to be used for future annual report noti | fication) | | |
| For further information e | oncerning this matter, please c | - | | | |
| Thomas D Kiernan | | 813 783-4254 at () | | | |
| Name o | f Person | Area Code Daytim | e Telephone Number | | |
| Enclosed is a check for th | ne following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Addres Registration S Division of C | Section | Street Address: Registration Sec Division of Cor | | | |
| P.O. Box 6327 | | The Centre of T | allahassee | | |
| Tallahassee, l | FL 32314 | Tallahassee, FL | e Street, Suite 810 . 32303 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 CCT 16 AN 7:31

| LTL Landscaping LLC | | 1 | • |
|---|---|--|----------------------|
| (Name of the Limited Liability Compa (A Florida Limited L | ny as it now appears on o liability Company) | our records.) | , : <u> </u> |
| The Articles of Organization for this Limited Liability Company | were filed on $\frac{6-12-202}{}$ | 23 and as | ssigned |
| Florida document number L23000281599 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designa | tion "LLC" or the abbreviation " | L.L.C." |
| 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) | | | |
| | | | |
| B. If amending the registered agent and/or registered office a | ddress on our record | ls, enter the name of the ne | ew registered |
| agent and/or the new registered office address here: | | | |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | Enter Florida str | reet address | |
| | | , Florida | |
| | Ciţ | Zip Code | , |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my d provided for in Chapt | luties, and I am familiar w ter 605, F.S. Or, if this doc | ith and cument is |
| | | | |

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

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------|--------------------|--|----------------|
| MGR | Thomas D Kiernan | 26852 Coral Vine Ln, Wesley Chaple Fl. 33544 | = Add |
| | | | □Remove |
| | | | Change |
| AMBR | Jennifer M Kiernan | 26852 Coral Vine Ln Wesley Chapel FL 33544 | ■Add |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | 🗆 Change |
| | | | □Add |
| | | | Remove |
| | | | Change |

| ıi amend | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-----------------------------|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Effective | date, if other than the date of filing: |
| Note: If t | we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as its effective date on the Department of State's records. |
| | |
| e record sp rd is filed. | secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | 10-2023 |
| - | THOMAS D. K. ELAPA Signature of a member or authorized representative of a member |
| | Thomas D Kiernan |
| | Typed or printed name of signec |

Filing Fee: \$25.00