# L23000336837

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
MOJ 10-30
10-30





900413195199

11/01/23--01025--003 \*\*30.00

SEP 2 5 2023

## **COVER LETTER**

·
TO: Registration Section Division of Corporations
SUBJECT: Gators Landscape & Pressure Washing 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:
Dustin Blanchard  Name of Person  Glators Lundscape & pressure vashing Lice  Firm/Confipany
15359 MOSS St 35
15 COKSVIIIE 34 604
Qutors and and water 2020 60 mall of Sm. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rau Tzguifydd at 3464 352 - 835 - 9536  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee \$\square\$ ☐ \$55.00 Filing Fee \$\square\$ ☐ \$60.00 Filing Fee,

### Mailing Address:

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

#### Street Address:

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Name of the Limit	UNGSC ed Liability Compan	y as a now appears of lability Company)	our records.)	re mu	Jhing L
The Articles of Organization for this Limited Li Florida document number $93-253$	ability Company v			2 <u>3</u> and a	ssigned
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liabil	lity company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabilit	ty Company," the desig	nation "LLC" or	the abbreviation "	L.L.C."
Enter new principal offices address, if applica	able:			<u> </u>	
(Principal office address MUST BE A STREE	T ADDRESS)			777	· •
				:	
				1 ··	
Enter new mailing address, if applicable:					<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				. : 	
				- <u>-</u> =	<del></del>
B. If amending the registered agent and/or re	egistered office a	ddress on our reco	rds, <u>enter the</u>	name of the n	ew registered
agent and/or the new registered office addres	<u>s nere</u> :				
Name of New Registered Agent:	Dustic	Blan	char	d	
New Registered Office Address:	1535	9 11103	3 JT		
	Brook	SVI Le	street address, Florid	a <u>3460</u>	14
New Registered Agent's Signature, if changing R	Registered Agent:	÷		2.,, 000	-

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>	Name	Address	Type of Action
3085	DustinBlanchad	15359 Mass St	MAdd
KOVICA	correction		🗆 Remove
AMBR	Dustin Danchard	15359 MOSS S	Change
111	: .		Remove
			Change
			□Add  Remove
			<u> </u>
			□ Change
			Ci Add
			□ Remove
			□Change
<del></del>			🗆 Add
			□ Remove
			Change

						·
				· · · · · · · · · · · · · · · · · · ·		<del></del>
<del> </del>						· — · · · ·
	•					<del></del>
						2
						3
	· ·-					· =
				<del> </del>	,	
					· · · · · · · · · · · · · · · · · · ·	<del></del>
						. <del>?</del>
						<i>⊙</i> )
		•				<del></del>
						<del></del>
	<del></del> -		<del> </del>			
Affective date, if	other than the date	of filing:	ngios to data of filis	us as more than 90 days	optional)	ant to 605 070
Note: If the date i	nserted in this block d	oes not meet the a	ipplicable statutor	y filing requirements	s, this date will n	ot be listed as
ocument's effect	ve date on the Departi	nent of State's rec	coras.			
record specifies a	a delayed effective date	e, but not an effec	tive time, at 12:01	a.m. on the earlier of	of: (b) The 90th	day after the
09.2	1-2023					
lated $\frac{\sqrt{1-2}}{2}$	1 2003	<del>;</del>	··			
	Ed 1	San Time		ntative of a member		

Typed or printed name of signee