L23000356297

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10:1 HOP -4 PH 1:01



COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: WI	FORD and So	on landscape ited Liability Company	Specialists, L
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Wilfox	d Smith Name of Person	
	Wilford & Sor	Landscape Sp Firm/Company	pecialists, L.L.C
	11065 Ba	rnsley Diz	· · · · · · · · · · · · · · · · · · ·
	Venice	FL 34293 City/State and Zip Code 1 Ford and Son. Cor to be used for future annual report notifi	
	Lawus @ wi	Fordandson. Cor to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Wilford Name o	Smith of Person	at (941) 307 - Daytime	3278 Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	O1		2023 AUG -4	PM 1:01
Wilford and Son L (Name of the Limited Li	An dS Ca ability Company orida Limited Liab	be Spec of it now appears on out this Company)	records)	S, L.L.C.
The Articles of Organization for this Limited Liabili		re filed on <u>Ju</u>	4 28 2	023and assigned
Florida document number 3004130125	<u> 13</u>			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liabilit	y company here:		
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designati	on "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable	: _			
(Principal office address MUST BE A STREET A	DDRESS) _			
	-			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	2 _			
	_			
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ress on our records	, enter the nan	ic of the new registered
Name of New Registered Agent:	Kristin	AKIND	gu	
New Registered Office Address:	11065	Bornster Enter Florida stre	y DR a address	
_	Venice	City	, Florida	34293 In 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.

f 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>	<u>Name</u>	Address	Type of Action
MGR	Wilford Smith	11065 Barnsley De	X Add
		Venice, Fl. 34293	□Remove
HOR	Kristin Akindoju	Venice, Fr 34293	<u>C</u> □Add
		Venice FL 34293	Remove
			□ Change
		 	□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			Channe

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ecord is filed.
Dated August 1. 2023. Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member Wilford Smith Typed or printed name of signee

Filing Fee: \$25.00