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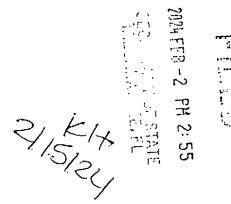
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COVER LETTER

	Registration Se Division of Co			
CHID IE		LANDSCAPING LLC		
SUBJEC	.1:	Name of Lim	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		ALONZO RAMIREZ JAC	CINTO	
		Any	Name of Person	
		331 SOUTH D ST	Firm/Contpany	
		··········	Address	
		LAKE WORTH,FLORID	A 33460	
		E-mail address: (to be used for future annual report notifica	
For furth	er information o	concerning this matter, please c	all:	2
ALONZO RAMIREZ JACINTO			561 425-2196 at ()	FH 2:
	Name e	of Person	Area Code Daytime To	elephone Number
Enclosed	l 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration	Section	Street Address: Registration Section Division of Corpo	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JACINTO LANDSCAPING LLC			
(Name of the Lim	(A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited I	· · · · · · · · · · · · · · · · · · ·	any were filed on 09-25-2023	and assigned
Florida document number L23000441060	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited l	liability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	A[N	
(Principal office address MUST BE A STRE	ET ADDRESS		
Enter new mailing address, if applicable:		<u>ula</u>	
(Mailing address MAY BE A POST OFFICE	E BOX)		
			-2
B. If amending the registered agent and/or		ice address on our records, <u>enter th</u>	
agent and/or the new registered office addr	<u>ess here</u> :		
Name of New Registered Agent:	N/A		一 55
New Registered Office Address:	N/A		
		Enter Florida street address	
		, Flor	ida
	-	Cir.	Zin 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SEBASTIANA SALUCIO	331 SOUTH D ST,LAKE WORTH FL 33460	□Add
			■Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
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ffective date, if other than t	he date of filing	ç:			(optional)	TI TI	.: ::
an effective date is listed, the date n iote: If the date inserted in this ocument's effective date on the	block does not m	neet the applical	odate of filing or ble statutory fili	more than 90 da ing requiremen	iys after filing.) P nts, this date wi	ursuant to 60 ill not be lis	5.02 97 ted as
record specifies a delayed effec I is filed.	tive date, but not	an effective tim	ic, at 12:01 a.m	. on the earlie	rof:(b) The S	90th day afti	er the
ated		2024	_				
	Ann?	(Dm)					
	1 11/2 ()	17-4-6	17				
	Signature of a r	nember or author	zed representativ	e of a member			

Filing Fee: \$25.00