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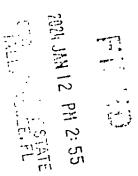
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	onibe (aw	Maintenan ited Liability Company	ce, LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u>Jasnna</u>	Name of Person Name of Person Firm/Connany	Palma_
	<u>Caribe</u>	Caun Holot	enance, LLC
	214	N. Szczura	Due
	_ Clean	City/State and Zip Code	3755
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c		702H JA
ZOBONA A. Pro Name o	ona Blma f Person	at (727) <u>678 (</u> Area Code Daytin	8524 The Telephone Number The Telephone Number The Telephone Number The Telephone Number
Enclosed is a check for the	he following amount:		2: 55 2: 55
S≰\$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

(Name of the Limited I	Lawn Maintenace, LLC Liability Company as it now appears on our records.) Florida Limited Liability Company)
	lity Company were filed on
Florida document number <u>L 23 000 5 1 Y</u>	133
This amendment is submitted to amend the followi	ng:
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e;
(Principal office address MUST BE A STREET A	(DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	\underline{x}
	57 - 19
	100 N
	stered office address on our records, enter the name <u>of the new registered</u>
agent and/or the new registered office address h	ere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
-	City 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 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	Josnaz A. Morz Polma	214 N. Saturn Ave	□Add
		Cleanwarel, FL 33755	□Remove
			\&Change
MGR	Aleida Porma Zea	214 N. Saturn Aug	□Add
		Clearwater, fl 33755	□Remove
			(A)Change
			2024 A
			□ Remove →
			PIL GChange 55
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fective date, if other than the date of filing: I 14 202 n effective date is listed, the date must be specific and cannot be prior to date of filing or more thate: If the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records. ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the fireflactive time.	han 90 days after filing.) Pursuant to 605.020 quirements, this date will not be listed a
is filed.	
ted Sanuary 03 2024.	
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Filing Fee: \$25.00