L24000010445

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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
	ez & mejia landscaping	AND MORE, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ABEL MARTINEZ		
	-	Name of Person	
		Firm/Company	
	1735 SE 179TH PLACE		
		Address	
	SUMMERFIELD, FL 344	91	
		City/State and Zip Code	
	martinezcovmx@gmail.cor		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
ABEL MARTINEZ		352 233-7099 at ()	
Name	of Person		e Telephone Number
Enclosed is a check for	the 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 Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARTINEZ & MEJIA LANDSCAPING AND MORE, LLC

(Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Li	ability Company were filed on $\frac{0}{2}$	1/03/2024	and assigned
Florida document number L24000010445	·		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company h	nere:	
ABEL MARTINEZ LANDSCAPING, LLC			
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the	designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
			2024
Enter new mailing address, if applicable:			SEP TO
(Mailing address MAY BE A POST OFFICE)	BOX)	;	
		'	10: 14: 14: 14: 14: 14: 14: 14: 14: 14: 14
B. If amending the registered agent and/or reagent and/or the new registered office address		records, enter the name	of the new registered
Name of New Registered Agent:	ABEL MARTINEZ COVARRU	JBIAS	<u> </u>
	1735 SE 179TH PLACE		
New Registered Office Address:	Enter Flo	orida street address	
	SUMMERFIELD	, Florida _ ³⁴⁴	91
	City		Zip Code
New Registered Agent's Signature, if changing F	legistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the	er and complete performance o stered agent as provided for in registered office address, I hero	of my duties, and I am fo Chapter 605, F.S. Or, t	amiliar with and if this document is

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	OSCAR E МЕЛА	4055 SE 134TH STREET	
		BELLEVIEW, FL 34420	■Remove
			Change
			🗆 Remove
			Change
			□Add
			□Remove
			☐ Change
			\(\sigma\) Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	tive date, if other than the date of filing:
ne reco	ord 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 filed.
Dated	Jan B
	Signature of a member or authorized representative of a member
	Abel Martinez Covarrubias Typed or printed name of signee