24000084628

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COVER LETTER

TO:	Registration Se Division of Cor				
CHIDIE		e Landscape & Design, LLC			
Name of Limited Liability Company					
The end	closed Articles of	Amendment and fee(s) are sub	emitted for filing.		
		• •	_		
Please 1	eturn an correspo	ndence concerning this matter	to the following.		
		Michael Cartagena			
			Name of Person	<u> </u>	_
			Firm/Company	İ	_
		2517 SW Savage Blvd			
		****	Address		_
		Port Saint Lucie, FL. 3495	3		
			City/State and Zip Code		_
		mcartag l@fau.edu	to be used for future annual		
For furt	her information c	oncerning this matter, please c		report notification)	
	l Cartagena			1-1420	
	Name of	f Person	at ()	Daytime Telephone Number	
	Name O.	i i cison	Area Code	Baytime retephone (value)	.1
Enclose	ed is a check for th	ne following amount:			
■ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Certification (Seed)	ate of Status &
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Division The Cer 2415 N	ddress: ation Section n of Corporations ntre of Tallahassee . Monroe Street, Suite 8	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mac's Native Landscape & Design, LLC (Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/16/2024}{1}$ and assigned Florida document number ______L24000084628 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mac's Native LLC 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 applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 wprovisions 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 addressor removed from our records:		s of each person being ad	
MGR = Man AMBR = Auti			
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Add
			Remove
			□Change
			□ Add
			Remove
			☐ Change
			□Add
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			☐Add
			Remove
		 	☐ Change
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			☐ Remove
			□Add
			Remove
			☐ Change

D. If amending any other informatio	on, enter change(s) here: (Attach additional sheets,	if necessary.)
		<u> </u>
		
 	.	
. Effective date, if other than the da	ate of filing:	(optional)
	e specific and cannot be prior to date of filing or more than 90 day k does not meet the applicable statutory filing requiremen	
document's effective date on the Depa		
	date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
ecord is filed.		
, April 22	2024	
Dated		
		
Sig	gnature of a member or authorized representative of a member	
	•	
Michael Cartagena		
	Typed or printed name of signee	