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SECRETARY OF STATE

COVER LETTER

TO: Registration Section **Division of Corporations**

GUERRO I SUBJECT:	LANDSCAPING MX, LLC.				
	Name of Limi	ted Liability Company			
The enclosed Articles of .	Amendment and fee(s) are subt	nitted for filing.			
Please return all correspo	ndence concerning this matter t	to the following:			
	JOHNNY SILVA				
		Name of Person			
	SMS FINANCIAL, INC.				
		Firm/Company	<u>-</u>		
	13155 SW 134TH STREE	T STE 107			
		Address			
	MIAMI, FL 33186-4487				
		City/State and Zip Code			
	JOHNNYS@SMSFINANC			207	
	E-mail address: ()	o be used for future annual report notifica	ition)	超	
For further information c	oncerning this matter, please ea	ill:		上版 第 フェ	CALLED .
JOHNNY SILVA		305 924-0312		T P	
Name o	t Person		elephone Number	2024 MAR -7 PH 4: 33 SECTE ANASSEE. FL	
Enclosed is a check for the	ne following amount:			- π ω	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

GUERRO LANDSCAPING MX, 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 $\frac{02/19/2024}{2}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GUERRERO LANDSCAPING MX, 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) N/A 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 registered agent and/or the new registered office address here: N/A Name of New Registered Agent: N/A 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 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.

City

Florida_

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
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FEBRUARY 24TH	2024	·			
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Filing Fee: \$25.00