124000122417

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Coy, Cost Sp. North
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



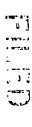


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2024 AUG 30 PM 4: 19 STOLL TRINSFER FL



COVER LETTER

TO: Registration S Division of Co			
		ELLC	
SUBJECT:		nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	OK LANDSCAPING SERVICE LLC Name of Limited Liability Company		
	GRETCHEN M. ORIZ		
		Name of Person	
	LAW OFFICES OF GRE	TCHEN ORTIZ	
	.	Firm/Company	
	509 S Chickasaw Trail 2	63	
		Address	
		,	
	-		
		•)
	concerning this matter, please c		
Gretchen M. Ortiz		at ()	
Name	of Person	Area Code Daytime Telep	hone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addra Registration Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27		ons 30 minuses on the state of

KB No Check

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company a (A Florida Limited Liabi	s it now appears on our records. Ity Company))
The Articles of Organization for this Limited 1 Florida document number 1.24(XX)122417	Liability Company wer	re filed on 3/11/2024	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability	company here:	
he new name must be distinguishable and contain the	words "Limited Liability C	Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		·
	_		
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		····
B. If amending the registered agent and/or		ress on our records, <u>enter t</u>	he name of the new regis
gent and/or the new registered office addre	ess nere:		
Name of New Registered Agent:	JAIMES LOPEZ, C	INDY P	·
New Registered Office Address:			
		Enter Florida street address	
			rida
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

BEST LOOK LANDSCAPING SERVICELLO

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JAIMES LOPEZ, CINDY P	711 W MAIN ST #1009 LEESBURG, FL 34748	
			□Remove
			■Change
			□Add
		□Remove	
			Change
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			Change 30 Add
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amending any other information	, enter change(s) here: (Attach add	itional sheets, if necessary.)	
			<u> </u>
			
			
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			 .
Sective date, if other than the date in effective date is listed, the date must be set. If the date inserted in this block coument's effective date on the Depart	specific and cannot be prior to date of filing o does not meet the applicable statutory fi	(optional) r more than 90 days after filing.) Pursu ling requirements, this date will n	ant to 605.0207 of be listed as
cord specifies a delayed effective dat	te, but not an effective time, at 12:01 a.r	n. on the earlier of: (b) The 90th	day after the
cord specifies a delayed effective dat s filed.	te, but not an effective time, at 12:01 a.r $\frac{2024}{}$	n. on the earlier of: (b) The 90th	day after the
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cord specifies a delayed effective dat s filed. MAY 30 ed	. 2024	W. 1523	day after the 2024 AUS 30