## 124000164557

Office Use Only



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6/11/24

## **COVER LETTER**

TO:

Registration Section

**Division of Corporations** BATTLEFIELD LANDSCAPING LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: SOLOMON RICHARD BATTLE Name of Person Firm/Company 8930 DEVONSHIRE BLVD Address JACKSONVILLE FL 32208 City/State and Zip Code DEVONSHIRE8930@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SOLOMON R. BATTLE 904 510-2419 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■ \$25.00** Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy \_ (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section :**Division of Corporations Division of Corporations** OH P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BATTLEFIELD LANDSCAPING (Name of the Limi		ny as it now appears on ou Liability Company)	ır records.)
The Articles of Organization for this Limited L  Plorida document number L24000164557		were filed on 04/08/202	24 and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of	of the limited liab	ility company here:	
N/A		-	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREE	ET ADDRESS)	<u></u>	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our record	s, enter the name of the new regis
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A	Enter Florida str	eet address
	N/A	1, mer 1 to tate sirt	Florida <sup>N/A</sup>
		City	Zip 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
AP	SOLOMON RICHARD BATTLE	8930 DEVONSHIRE BLVD	□Ađd
		JACKSONVILLE, FL 32208	□Remove
	~ .		<b>■</b> Change
AMBR	LaShonte Porter	9312 Zepher Lily Lane Jacksonville, Fl. 32219	□Add
		Jacksonville, Fl. 32219	&Remove
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ective date, if other than the	date of filing	04/08/2024		(option	val)
n effective date is listed, the date mus	t be specific and	cannot be prior to d	late of filing or more	than 90 days after fi	ling.) Pursuant to 605.020
te: If the date inserted in this blownent's effective date on the D	ock does not me epartment of St	eet the applicable ate's records.	e statutory filing r	equirements, this c	late will not be listed a
ecord specifies a delayed effective	e date, but not a	an effective time.	. at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
is filed.					
, APRIL 23,		2024			1.7
* 4 14 15 14 15 14 15 1					
ted Trials 25,	<u> </u>				
S/L	3				

Typed or printed name of signee