

L2400022969Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

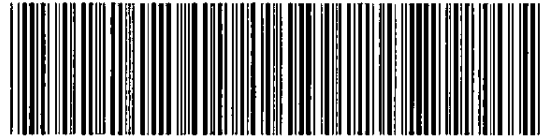
(Business Entity Name)

(Document Number)

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09/12/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: #1 SOLUTIONS LANDSCAPING LLC

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:

GIULIANA A JIMENEZ

Name of Person

I&T SERV LLC

Firm/Company

850 NW FEDERAL HWY, STE # 111

Address

STUART, FL 34997

City/State and Zip Code

iandtserv@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIULIANA A JIMENEZ

772 201-3578
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
		N/A	<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
		N/A	<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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CLERK OF STATE
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

#1 SOLUTIONS LANDSCAPING LLC IS CHANGING IT'S NAME TO:

LANDSCAPING INNOVATIONS, LLC. ALL OTHER INFORMATION SUBMITTED PREVIOUSLY
WILL STAY THE SAME.

FILED
2024 SEP 12 PM 12:39
CLERK OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 09/05/2024 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated September 5, 2024.

Signature of a member or authorized representative of a member

OBED I. PEREZ HERNANDEZ

Typed or printed name of signee