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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	s Tree and Landscape Service	LIC			
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of .	Amendment and fec(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Alvin L. Harris Jr.				
		Name of Person			
		Firm/Company			
	6824 S Ridge Pt				
		Address			
	Homosassa, FL 34446				
	alvinharris 1092@gmail.com	City/State and Zip Code			
	-	to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please co	all:			
Name o	f Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 		
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ection		
Division of Corporations		Division of Con	Division of Corporations The Centre of Tallahassee		
P.O. Box 632 Tallahassee,			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alvin Harris Tree and Landscape I				
(Name of the Limi	ted Liability Compa (A Florida Limited l	ny as it now appears on our rec Liability Company)	ords.)	
The Articles of Organization for this Limited L Florida document number <u>L.24000237872</u>	iability Company	were filed on 5/22/24	and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "l	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		6824 S Ridge Pt		
		Homosassa, FL 34446	(Fixing Spelling	
		-	error)	
Enter new mailing address, if applicable:		6824 S Ridge Pt		
(Mailing address MAY BE A POST OFFICE BOX)		Homosassa, FL 34446		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>en</u>	ter the name of the new registered	
Name of New Registered Agent:	Alvin L. Harris	s Jr.		
New Registered Office Address:	6824 S Ridge I	Pt		
	Enter Florida street address			
	Homosassa		. Florida <u>34446</u>	
		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>	<u>Address</u>	Type of Action
Owner	Alvin I., Harris Jr.	6824 S Ridge Pt	□Add
* Bank owner	needs proof os	Homosassa, FL 34446	_
	J		≡ Change
			□Rетюve
			□Change
			
			□ Remove
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effective date is lise. If the date ins	ther than the date of sted, the date must be specificated in this block does to date on the Department	fic and cannot be price not meet the appli	cable statutory filit	(option more than 90 days after fi ing requirements, this o	ling.) Pursuant to 605.0207
cord specifies a d s filed.	clayed effective date, bu	ut not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
od Augus	+ 20th				
/ //			=		
	Sionature	of a member or and	norized representative	of a member	