## L24000253881

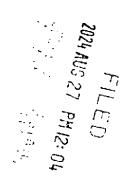
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
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## **COVER LETTER**

TO:		tration Section of Corp					
CUBIC			EE LANDSCAPE LLC				
SUBJE	CI: _			ited Liability Company			
The enc	losed A	Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please r	eturn a	ll correspon	dence concerning this matter	to the following:			
			David Brea				
				Name of Person	···	_	
Finances Link International Advisors LLC							
Firm/Company			_				
7900 Oak Lane, Suite 400							
Address			_				
			Miami Lakes, FL, 33016				
				City/State and Zip Code		_	
			info@financeslink.com				
			E-mail address: (	to be used for future annual	report notification)		
For furt	her infe	ormation co	ncerning this matter, please ca	all:			
David F	Brea				4-7581		
		Name of	Person	Area Code	Daytime Telephone Numb	er	
Enclose	d is a c	heck for the	following amount:				
■ \$25	5, <b>00</b> Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc	Certific losed) Certific	Filing Fee, cate of Status & cd Copy al copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 AUG 27 PM 12: 04

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(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 <u>06/04/2024</u>	and assigned
Florida document number L24000253881		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street address	<del></del>
	, Florida	
	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
MGR	JUAN MARROQUIN ABAD	313 NW 16TH PL, CAPE CORAL, FL 33993	
			□Remove
			□Change
			□ Add
			□ Remove
			🗆 Add
			□ Remove
			DChange
			□Add
			□Remove
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effect	ive date, if other than the date of filing: (optional)
Note:	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docum	ent's effective date on the Department of State's records.
e recor rd is fil	d 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 led.
	08/14/2024
Dated	<del></del>
Dated	
Dated	Man Managum ABAD Signature of a member or authorized representative of a member

Filing Fee: \$25.00