# L24 000292316

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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of 9/20/2024

### **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration S Division of Co			
AE Landso	cape & Irrigation LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Alberto Escalante		
	<u>-</u>	Name of Person	
	AE Landscape & Irrigation	n LLC	
		Firm Company	
	4537 Aegean Ave		
		Address	,
	Holiday, Florida, 34690		
		City State and Zip Code	
	albertoescalante229(a gmail	l.com to be used for future annual report no	and and any
For further information	concerning this matter, please c		ancaton)
Alberto Escalante		727 2957(44	
Name	of Person	at () Area Code Dayti	me Telephone Number
Prostocod in a shoot far	the following appoint:		
Enclosed is a check for		The state on the state of	T see no tille a tas
■ \$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 Addre</u>	<u>:88:</u>	Street Address:	
Registration Section		Registration S	
Division of 0	Corporations	Division of Co	orporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25. 2024

ALBERTO ESCALANTE 4537 AEGEAN AVENUE HOLIDAY, FL 34690

SUBJECT: AÉ LANDSCAPE & IRRIGATION LLC

Ref. Number: L24000292316

We have received your document for AE LANDSCAPE & IRRIGATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II AUG 2 2 2024 ,

Letter Number: 124A00016475

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AE Landscape & Irrigation LLC	<u>.</u>	t. 22 to 00 to
( <u>Name of the Limite</u> (	d Liability Company as it now appears on our records A Florida Limited Liability Company)	<u>)</u>
e Articles of Organization for this Limited Lic	ibility Company were filed on 06'28/2024	and assigned
orida document number 1.24000292316	·	
ris amendment is submitted to amend the follo	wing;	
If amending name, enter the new name of	the limited liability company here:	
e new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "ELC"	or the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	(ADDRESS)	
	·	
nter new mailing address, if applicable:		
<u> Iailing address MAY BE A POST OFFICE B</u>	<u></u>	
	gistered office address on our records, <u>enter t</u>	he name of the new regis
zent and/or the new registered office address	s here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	City	Zm Cods

#### 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 Andiorized 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	Alberto Escalante	4537 Aegean Ave, Holiday, FL, 34690	<b>≡</b> Add
			□Remove
			□Change
AMBR	Luz Escalante	4537 Aegean Ave. Holiday, FL 34690	■Add
			□Rенюче
			□Change
AMBR	Jesus Escalante	4537 Aegean Ave. Holiday, Fl. 34690	≣Add
			□Remove
			□Change
			□Remove
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			□Remove
			□ Change

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$\rho_{l}$	Dated	·		•			
Signature of a member of authorized representative of a member		r/	7	1			
righting of a themsel of authorized representative of a fix meet		Signature of a some	<u>&gt; (a /a/</u>	TTC	of a member		
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