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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INC AUTHORITY, LLC

Account Number : I20240000004 Phone : (775)329-7721 Fax Number : (775)376-9207

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: reigada0428@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANTHONY'S TREE AND LAWN SERVICES, LLC

Certificate of Status	0
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Page Count	03
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K. SALY

SEP 1 0 2024

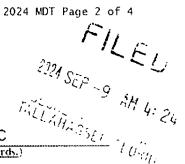
Electronic Filing Menu

Corporate Filing Menu

Help

From Corporate Service Center Inc 1.702.507.9682 Mon Sep 9 12:54:44 2024 MDT Page 2 of 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ANTHONIS 7	TOTE AND LAWN SEDVICES IN	Children C
	TREE AND LAWN SERVICES, LLO	
(Same with Lamity D	Jability Company as it now appears on our reco- lorida Limited Liability Company)	103 _{1/1}
The Articles of Organization for this Limited Liabil	lity Company were filed on 08/08/24	and assigned
Florida document number L24000347439		
This amendment is submitted to amend the following	ufi:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	. 100270 0107 12 12 12 12 12 12 12 12 12 12 12 12 12
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		rds, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
The Wintegratered Virtee / Vadressi.	Enter Florida street add	ress
	, 1	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	nd complete performance of my duties, ed agent as provided for in Chapter 60; stered office address, I hereby confirm i	and I am familiar with and 5, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

From Corporate Service Center Inc 1.702.507.9682 Mon Sep 9 12:54:44 2024 MDT Page 3 of 4

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

Title	Name	Address	Type of Action
MGR	Ashley Reigada	2249 E. Goldpearl Ln	□ Add
		Hernando, FL 34442	☐ Remove
			□ Change
MGR	Anthony Reigada	2249 E Goldpearl Ln	Add
		Hernando, FL 34442	☐ Remove
			☐ Change
			D Add
			Remove
			□ Change
			Remove T
			Remaye 4: 24
	· · · · · · · · · · · · · · · · · · ·		□ Add 2
			Remove
			Change
			□ Remove
			5 (1)

-	Please list Ashley Reigada first, and Anthony Reigada second.
,	
-	
	2 9
	5 S S S S S S S S S S S S S S S S S S S
	2
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	<u></u>
	N/A
	ive date. If other than the date of filing: N/A (optional) betweedate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.0
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records
	tord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
	90th day after the record is filed.
1	September 1 3004. Ally Keigade. Signature of a member or sunhorized representative of a member.
	Adden Karnada
	Signature of a member or authorized representative of a mentiber

Page 3 of 3

Filing Fee: \$25.00