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(Re	questor's Name)	
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COVER LETTER

	istration Sec ision of Cor			
NUD IN CIT	Parrish Land	dscape Solutions, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Luis Martinez		
			Name of Person	
		Parrish Landscape Solution	ns, LLC	
			Firm/Company	
		12144 US Highway 301 N	, Unit 63	
			Address	
		Parrish/FL 34219		Zi, HO) Zi, HO) TAL
			City/State and Zip Code	ON 22 I
		Lmartinez1357@gmail.com	1 to be used for future annual report notific	
For further in	nformation co	n-man address. (·	2024 HOV 22 MM 11: 26 SECRETARY OF STATE STALL AHASSEE, FIL
Luis Martine	rz		941 773-3130 at ()	F. 50
	Name of	Person		Telephone Number
Enclosed is a	a check for th	e following amount:		
\$ \$25.00 F	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)
	iling Addres gistration S		Street Address: Registration Sect	ion
Division of Corporations			Division of Corp	
). Box 632 Ilahassee, F		The Centre of Ta 2415 N. Monroe	Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Parrish Landscape Solutions, LLC					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records liability Company)	<u>.</u>)			
The Articles of Organization for this Limited Liability Company	were filed on 08/30/2024	and assigned			
Florida document number L24000382698					
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 Liabit	ity Company," the designation "LLC"	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		S 28			
(Principal office address MUST BE A STREET ADDRESS)		TOPETAN 22			
Enter new mailing address, if applicable:		ASSES OF STATE OF STA			
(Mailing address MAY BE A POST OFFICE BOX)		- 15 28 - 28 - 28 - 28 - 28 - 28 - 28 - 28 -			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new register			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	. 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Luis Martinez	12144 US Highway 301 N, Unit 63	≡ Add
		Parrish, Fl. 34219	□Remove
			□Change
			□Add
			□Remove
			SECA HOLAND
			SECRETARY OF STATE
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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: Secretiv	e date, if ot	har thar	the date	A filing					(optio	nali		
f an effect	tive date is list	ed, the dat	e must be spe	citic and ca	nnot be pric	or to date o	f filing or 1	nore than 90	days after t	iling.) Pur	suant to	605.0207
<u>Note:</u> If documer	f the date inse nt's effective	erted in the date on t	iis błock do he Departm	es not mee ent of Stat	the appli e's record	icable sta s.	tutory filii	ng requirer	nents, this	date will	not be	listed as i
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	specifies a de	layed eft	ective date,	but not an	effective	time, at	2:01 a.m.	on the ear	lier of: (b)	The 90	th day a	ifter the
d is filed	d.											
N	lovember 12t	h			2024							
Dated				· ·		<u> </u>						
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			Signati	ire of a me	mber or aut	horized re	presentativ	e of a memi	יפר			•