164 572

(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(=======, ====,				
(0				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special Instructions to Filing Officer				





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TALLAMAGET LORIDA

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: Arma	S Land Sco	DING PLAW!	a Care
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	- Huge	3 Anna S Name of Person	
	Hrmas La	MCSCAPING "	2 Lawn Care
	6785 WM	ning wood	trail
	De Leons	Dring S.FL, City/State and Zip Code	37130
	OMOS I	and SCIDING	aicloud. Con
For further information con	ncerning this matter, please ca	all:	
Hugh Ar	Person	at () <u>SS6</u> Area Code Daytime	<u>— 766 — 07</u> 4 д e Telephone Number
Enclosed is a check for the	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)
		g	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Annas (Name of the Limited Liability (A Florida I	Company us it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number <u>LZ 50001645</u>	7. 7.0
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	22 AH 9: 06
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 672	35 WINNING WOOD HOLL Enter Florid street address
De_	Leon Springs. Florida 37130

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.

f Changing Registered Agent, Signature of New Registered Agent

in 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>	Name	Address	Type of Action			
AP	Hugo Armas	6285 winning wood	_ ® Add			
		Frail	_ □Remove			
Λ_	11 1		_ Change			
HD_	Higo Armais Jr.	6785 Winning Wood	_ □Add			
		40011	_ @ Remove			
			_ □Change			
			_ □Add			
			_ □Remove			
			_ □Change			
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