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2010 DEC 17 PM 3:40

J. SAULSBERRY EXAMINER

DEC 2 0 2010

COVER LETTER

TO: Registration So Division of Co					
SUBJECT:	Lawncare N	Management LLC.			
		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Sabrina Sehl			
	•	Name of Person			
	<u>Settle</u>	Pment Signing, L	LC F	2018	
		8 Dolphin Blvd E.	AHAS	XOID DEC 1	
		Address	쯢국	7	
	Ponte	Ponte Vedra Beach, Fl. 32082			
*		City/State and Zip Code			_
	asettle E-mail address: (i	asettlementsolution@gmail.com E-mail address: (to be used for future annual report notification)			
For further information of	concerning this matter, please c	all:			
Sabrina Sehl			58-0840	_	
Name of Person		Area Code & Daytime T	elephone Number		
Enclosed is a check for t	the following amount:				
Certificate of Status Cer		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fe Certificate of S Certified Copy (additional cop	Status &	
	•				

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Law (Name of the Limited)	ncare Mana	agement LLC	on our boonds		
(Name of the Limited) (A	Florida Limited L	iability Company)	on our recorus.)		
The Articles of Organization for this Limited Lia Florida document number		were filed on	1/22/2010	and assigned	
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	J	ility company here:		FIL 2018 DEC 17	
· S	ettleme.	nt Sianer	ic, LLC	THE THE	
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ted Liability Company	the designation "L		
Enter new principal offices address, if applica	ble:	8 Dolphin Blvd	E		
(Principal office address MUST BE A STREET ADDRESS)		Ponte Vedra Beach, Florida 32082			
Enter new mailing address, if applicable:		8 Dolphin Blvd			
(Mailing address MAY BE A POST OFFICE BOX)		Ponte Vedra B	each, Florida 32	082	
B. If amending the registered agent and/o registered agent and/or the new registered off			r records, <u>enter t</u>	he name of the nev	
Name of New Registered Agent:	Sabrina Seh	<u> </u>			
New Registered Office Address:	Address: 8 Dolphin Blvd E				
	r Florida street addı	ress			
	Ponte	Vedra Beach	, Florida	32082	
		City		Zip Code	
New Registered Agent's Signature, if changing R	egistered 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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = I	anager Managing Member		·
<u>Title</u>	Name	Address	Type of Action
			AddRemove
			☐ Add ☐ Remove
		·	
	•		——————————————————————————————————————
			Add Remove
			——————————————————————————————————————
D. If amen	nding any other information, en	ter change(s) here: (Attach additional shee	÷(
_			ZONO DEC 1
			PH 3:
Dated	December 13	, 2010	
	Signature of	a member or authorized representative of a me	mber
٠, ١	- <u> </u>	Sabrina Sehl	
		Typed or printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00