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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

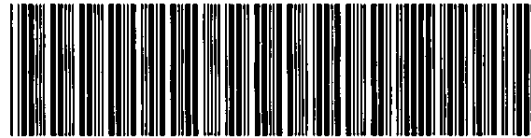
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 10 2014

T CLINE

SUBJECT: Croft's Lawn Care and Home Maintenance Services, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Jason L. Croft
Name of Person
Croft's Lawn Care and Home Maintenance Services, LLC
Firm/Company
27 Hurst Road
Address
Winter Haven FL 33880
City/State and Zip Code
bigmix321@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Jason L. Croft at **(863) 514-6147**
Name of Person Area Code Daytime 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)

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

Croft's Lawn Care and Home Maintenance Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/16/2014 and assigned Florida document number L14000095915

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Croft's Lawn Care and Home Maintenance Services, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

27 Hurst Road

(Principal office address MUST BE A STREET ADDRESS)

Winter Haven FL 33880

Enter new mailing address, if applicable:

PO BOX 411

(Mailing address MAY BE A POST OFFICE BOX)

Eagle Lake FL 33839

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Jason L Croft

New Registered Office Address:

27 Hurst Road

Enter Florida street address

Winter Haven

Florida 33880

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.

Jason L Croft
If Changing Registered Agent, Signature of New Registered Agent

NAME
AMBR

NAME
Tamara C Croft

ADDRESS
27 Hurst Road Add

Winter Haven FL 33880 Remove

Add

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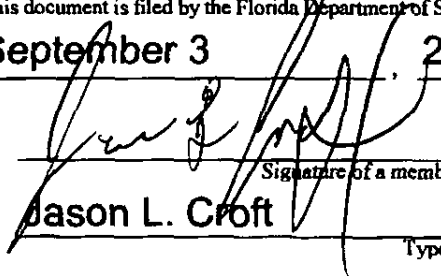
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E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **September 3**, 2014



Signature of a member or authorized representative of a member

Jason L. Croft

Typed or printed name of signer

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Filing Fee: \$25.00

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