L15000004319

(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

M. Quilligan SEP

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Destination Dip L.L.C.
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:

Brandon Walsh
Name of Person

Destination Dip L.L.C.
Firm/Company

773 SE Chaloupe Ave
Address

Port Saint Lucie, FL 34983
City/State and Zip Code

diamondcutwrapsllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon Walsh at (772) 203-8101
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

RECEIVED

15 SEP -4 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 26, 2015

Subject: ONE STOP LAWN CARE SERVICE LLC
Ref. Number: W15000055778

To Neysa Culligan:

I am writing to you in reference to the letter attached. (Letter Number: 015A00017609)

Please accept this letter stating that I have no intentions on reinstating the original "ONE STOP LAWN CARE SERVICE LLC. "

I am releasing the name for use to another entity. I have attached the sunbiz.org paperwork showing that I was involved with the original company and therefore have the authority to write this letter on the companies' behalf.

If there is anything else that I need to do, please do not hesitate to let me know.

Thanks so much,

BRANDON WALSH

773 SE CHALOUPE AVENUE
PORT ST. LUCIE, FL 34983

August 26, 2015

Subject: ONE STOP LAWN CARE SERVICE LLC
Ref. Number: W15000055778

To Neysa Culligan:

I am writing to you in reference to the letter attached. (Letter Number: 015A00017609)

Please accept this letter stating that I have no intentions on reinstating the original "ONE STOP LAWN CARE SERVICE LLC. "

I am releasing the name for use to another entity. I have attached the sunbiz.org paperwork showing that I was involved with the original company and therefore have the authority to write this letter on the companies' behalf.

The company is dissolved already.

If there is anything else that I need to do, please do not hesitate to let me know.

Thanks so much,

June Walsh

(Previous Address: 1754 SW St. Andrews Drive, Palm City, FL 34990)
(New Address: 331 NW La Playa Street, Port Saint Lucie, FL 34983)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2015

BRANDON WALSH
773 SE CHALOUPE AVE
PORT ST LUCIE, FL 34983

SUBJECT: ONE STOP LAWN CARE SERVICE LLC
Ref. Number: W15000055778

We have received your document for ONE STOP LAWN CARE SERVICE LLC and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 015A00017609

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Destination Dip L.L.C.
(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 May 26, 2015 and assigned Florida document number L15000004312

This amendment is submitted to amend the following:

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

One Stop Lawn Care Service LLC
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Same
773 SE Chaloupe Ave
Port Saint Lucie, FL 34983

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Same
"
"
"

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: _____

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 Changing Registered Agent, Signature of New Registered Agent

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
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
		N/A	☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated August 14, 2015.

Brandon Walsh
Signature of a member or authorized representative of a member

Brandon Walsh
Typed or printed name of signee

Filing Fee: $25.00