

L22000112103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

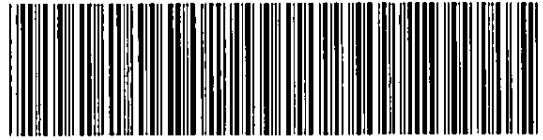
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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4/20/23
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CLERK OF DISTRICT COURT
MASSACHUSETTS

2023 FEB 21 PM 4:11

FILED

Kaylee Radcliffe
Cure Cuts Lawn Care LLC
410 Saul Rd SW
Palm Bay, FL 32908
(321) 361-1494

Enclosed is the application to amend the name of the LLC for Cure Cuts Lawn Care LLC to
Cure Cuts Lawn & Tree LLC.

My contact info is above if you need any further information.

Thank you
Kaylee Radcliffe
Registered Agent
Cure Cuts Lawn Care LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cure Cuts Lawn Care 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:

Kaylee Radcliffe
Name of Person

410 Sawl Rd SW
Address

Palm Bay, FL 32908
City/State and Zip Code

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

For further information concerning this matter, please call:

Kaylee Radcliffe at (321) 361-1494
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 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**

Cure Cuts Lawn Care 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 03/04/2022 and assigned Florida document number L22000112103.

This amendment is submitted to amend the following:

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

Cure Cuts Lawn & Tree 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)

NA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

FILED
2023 FEB 27 PM 4:11
CLERK OF CIRCUIT COURT
IN AND FOR THE STATE
OF FLORIDA

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:

NA

New Registered Office Address:

NA

Enter Florida street address

NA

Florida

NA

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(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)

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.

Kayler Padcliffe

Signature of a member or authorized representative of a member

Kaylee Radcliffe

Typed or printed name of signee

Filing Fee: \$25.00