# L12-00012-8123

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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#### **COVER LETTER**



TO:

Registration Section Division of Corporations

SURIFCT:

Veterans Lawn Care and 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:

## Louis DeLange

Name of Person

Veterans Lawn Care and Services, LLC

Firm/Company

5819 Jack Stokes Rd

Address

Baker, FL 32531

City/State and Zip Code

louisdelange.ld@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## Joanne Fiddler

Name of Person

<sub>...</sub>850、683-1040

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Veterans Lawn Care and Serv	•	
(Name of the Limited Lis (A Flo	bility Company as it now appears on our records.) irida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liabilit	y Company were filed on 10-8-2012	and assigned
This amendment is submitted to amend the following	y,	
A. If amending name, enter the new name of the	limited liability company here:	
Veterans Landscape & Lawn Care Servic	es, 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:	<del></del>	701
(Principal office address MUST BE A STREET AL	DDRESS)	F 19
	<del></del>	FF N
Enter new mailing address, if applicable:		SEC. FEST
(Mailing address MAY BE A POST OFFICE BOX		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office a		ter the name of the new
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

MGR = Manager AMBR = Authorized Member Title <u>Name</u> <u>Address</u> **Type of Action** □ Add \_\_\_\_\_ □ Remove □ Remove \_□ Remove □ Add \_\_\_\_ 

Remove

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

. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The effective o	ate, if other than the date of filing:
Dated4	1-18-14 , 2014.
_	Signature/of a member or authorized representative of a member
	Louis B. Delange
_	Typed or printed name of signee

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Filing Fee: \$25.00

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