L160000 38199

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nai	me)
(Do	ocument Number)	ì
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	Office Use Or	nlv



400286986744

06/20/16--01018--011 **30.00

16 JUN 20 PH 4: 34

JUN 2 1 2016 Y SULKER

COVER LETTER

TO: Registration S Division of Co			
Able's Law	vn & Garden Services LLC		
SUBJECT:	Name of Lim	ited 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:	
	Anthony Miller		
	•	Name of Person	
	Able's Lawn & Garden Ser	vices LLC	•
		Firm/Company	
	221 N Hogan Street, Suite		·
		Address	
	Jacksonville, FL 32202		
·		City/State and Zip Code	.17
	able@abledetailing.com	o be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	_	
Anthony Miller		904 651-1063	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

LC			
Company as it now appears on our reco	ords.)		
ompany were filed on 02/23/2016		and ass	igned
_•			
ed liability company here:			
ed Liability Company," the designation "L	LC" or the abbr	eviation "L.	L.C."
F C C)			
	<u> </u>		
<u> </u>		- - -	
	.سيا حريا	ـــــ	4,136
ered office address on our reco	rds, <u>enter tl</u>	ne namme	of the nev
<u>ess_here</u> :	်က မှာ	%	- mary desire
	(1) (4)		
	····		-
	E		" Mary AND
Enter Florida street add			
	Florido		
City	r 10110a	Zip Code	
	Company as it now appears on our reco- cimited Liability Company) Impany were filed on 02/23/2016 ed liability company here: ed Liability Company," the designation "L ESS) ered office address on our reco- ess here: Enter Florida street address.	Company as it now appears on our records.) Limited Liability Company) Impany were filed on 02/23/2016 ed Liability company here: ed Liability Company," the designation "LLC" or the abbrevalue above the session our records, enter files here: Enter Florida street address Florida	ed liability Company here: ed Liability Company here: ed Liability Company," the designation "LLC" or the abbreviation "L. ESSS) Enter Florida street address Florida Florida

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 <u>Title</u> Name Address Type of Action □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove 6 CHEE N 20e F -□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

				•
		<u> </u>		
				·
				
·- <u> </u>		·		
	<u>-</u> <u>-</u> -		<u></u>	·

•	-			
				
		·		man ang
				6
		<u> </u>		- II - II
		·		~ 20
			·	SEE.
				FLOT
Effective date, if other than the da			Z	
Iffective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	c does not meet the a	applicable statutory	or more than 90 days after filing requirements, this	filing.) Purspant to 605.0.
e record specifies a delayed e The 90th day after the recor	ffective date, bud is filed.	ıt not an effecti	ive time, at 12:01 a	a.m. on the earlier
06/16 ·	2016	·		
1 22 0	a - (})		
Antly Si	gnature of a member o	r authorized represen	tative of a member	

Page 3 of 3

Filing Fee: \$25.00