

L19 000 236407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

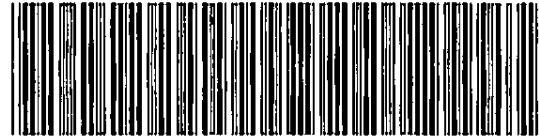
(Business Entity Name)

(Document Number)

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10/15/19 -- 7:07PM -- 02PM \*\*60.00

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2019 OCT 15 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SULKER  
OCT 31 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2 LIVE LAWN  
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:

TAKILA POINSETTA-BELL  
Name of Person

2 LIVE LAWN  
Firm/Company

6155 PARKWAY BLVD  
Address

LAND O'LAKES, FL 34639  
City/State and Zip Code

kila0301@yahoo.com  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

TAKILA POINSETTA-BELL at (813) 526-8902  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2 LIVE LAWN

(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 9/18/19 and assigned Florida document number L19000236407.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6155 PARKWAY BLVD  
LAND O' LAKES, FL 34639

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

TAKILA POINSETTA - BELL

New Registered Office Address:

6155 PARKWAY BLVD

*Enter Florida street address*

LAND O' LAKES

*City*

Florida

34639

*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.*

Takila Poinsetta-Bell


*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> | <u>Name</u>           | <u>Address</u>    | <u>Type of Action</u>                   |
|--------------|-----------------------|-------------------|---|
| MGR          | TAKILA POINSETTA-BELL | 6155 PARKWAY BLVD | <input checked="" type="checkbox"/> Add |
|              |                       |                   | <input type="checkbox"/> Remove         |
|              |                       |                   | <input type="checkbox"/> Change         |
| MGR          | Robert Wuestner II    |                   | <input checked="" type="checkbox"/> Add |
|              |                       |                   | <input type="checkbox"/> Remove         |
|              |                       |                   | <input type="checkbox"/> Change         |
| AMBR         | CHARLES D. BELL III   |                   | <input checked="" type="checkbox"/> Add |
|              |                       |                   | <input type="checkbox"/> Remove         |
|              |                       |                   | <input type="checkbox"/> Change         |
|              |                       |                   | <input type="checkbox"/> Add            |
|              |                       |                   | <input type="checkbox"/> Remove         |
|              |                       |                   | <input type="checkbox"/> Change         |
|              |                       |                   | <input type="checkbox"/> Add            |
|              |                       |                   | <input type="checkbox"/> Remove         |
|              |                       |                   | <input type="checkbox"/> Change         |
|              |                       |                   | <input type="checkbox"/> Add            |
|              |                       |                   | <input type="checkbox"/> Remove         |
|              |                       |                   | <input type="checkbox"/> Change         |



(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.

Jakira Poinsetta Bell

TAKILA POINSETTA-BELL

**Filing Fee: \$25.00**