

L03000013564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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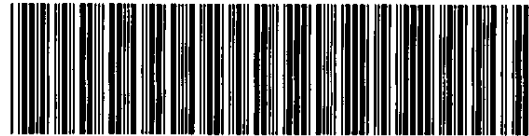
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT - 1 2013  
T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sunset Lawn Care and Landscaping 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:

Charlene B Fener

Name of Person

Sunset Lawn Care & Landscaping LLC

Firm/Company

6191 SW 39<sup>th</sup> St

Address

Palm City, FL 34940

City, State and Zip Code

tert0928@bellsouth.net

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

For further information concerning this matter, please call:

Matthew G Fener

Name of Person

at (772) 260-7783

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**

Sunset Lawn Care and Landscaping 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 4/15/03

Florida document number L030000013564

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This amendment is submitted to amend the following:

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

No CHANGE

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

6191 SW 39th St  
Palm City FL 34990

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

SAA

**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:**

Charlene B Fenex

**New Registered Office Address:**

6191 SW 39th St

*Enter Florida street address*

Palm City  
City

Florida

FL 34990  
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 608, 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.*

Charlene B Fenex

**If Changing Registered Agent, Signature of New Registered Agent**

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

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PRESIDENT</u>	<u>CHARLENE B FENEX</u>	<u>6191 SW 39TH STREET</u>	<input checked="" type="checkbox"/> Add
		<u>PALE CITY, FL 34990</u>	<input type="checkbox"/> Remove
<u>VICE PRESIDENT</u>	<u>MATTHEW G FENEX</u>	<u>6191 SW 39TH STREET</u>	<input checked="" type="checkbox"/> Add
		<u>PALE CITY, FL 34990</u>	<input type="checkbox"/> Remove
<u>Manager</u>	<u>Thomas E. Smith</u>	<u>6054 SW 52nd Ter.</u>	<input type="checkbox"/> Add
		<u>Palm City FL 34990</u>	<input checked="" type="checkbox"/> Remove
<u>Agent</u>	<u>Jacqueline H. Smith</u>	<u>6054 SW 52nd Ter.</u>	<input type="checkbox"/> Add
		<u>Palm City FL 34990</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

Thomas E. Smith

Typed or printed name of signee

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Filing Fee: \$25.00

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