## L04000006752

(Re	equestor's Name)	
(Ad	ldress)	
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
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SECREIARY OF STATE

J. BRYAN

APR 13 2009

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 29, 2010

PROCUT LAWN SERVICE LLC 2723 BANYAN TREE DR. EDGEWATER, FL 32141

SUBJECT: PROCUT LAWN SERVICE LLC

Ref. Number: L04000006752



We have received your document for PROCUT LAWN SERVICE LLC and your check(s) totaling \$414.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 110A00007645

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Pro Cut Lawn Service LLC Name of Limited Liability Company	ئم
The enclosed Articles of Amendment and fee(s) are submitted for filing.	題を一
Please return all correspondence concerning this matter to the following:	器と加
Diana D ATCh Name of Person	EL STATE
ProCuthaun Service LLC Firm/Company	•
2723 Banyan Tree Drive	
Edgewater, Cla 32141 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michael S fitch at 386 402-1696 Name of Person Area Code & Daytime Telephone Number	_
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} Certified Copy (additional	Status &

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

0.	
(Name of the Limited Liability Compa) (A Florida Limited L	N Service LLC Fig. 28 Day as it now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on April 6, 2010 and assigned
Florida document number <u>L0400006</u> .75	2
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
ProCuT II LAWN Serv The new name must be distinguishable and end with the words "Limi" "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
	2723 Bayyan Trans
Enter new principal offices address, if applicable:	Cha ala Cha Ball
(Principal office address MUST BE A STREET ADDRESS)	EASEWATER, CIA SOLY)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2723 Banyan Tree Drive Edsewater, Cla 32141
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

GR = M GRM =	lanager Managing Member		
<u>tle</u>	<u>Name</u>	<u>Address</u>	Type of Actio
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If ame	nding any other information	, enter change(s) here: (Attach additional shee	ets, if necessary.)
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	Signatur	re of a member or authorized representative of a me	mhar

Page 2 of 2

Filing Fee: \$25.00