

L04000042711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

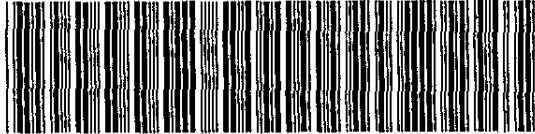
Special Instructions to Filing Officer:

Update : _____ Office Use Only

Update: _____
Ver. # _____

[illegible]

V. C.



800043026518

12-976-09--01042--0115 44-38861

17-0-6 p 2:28

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stellar Lawn Service & Pest Management, 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:

Scott Olesen
(Name of Person)

Stellar Professional Landscape Services, LLC
(Firm/Company)

817 Oak Vista Dr
(Address)

Sarasota FL 34232
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Olesen at (941) 702-1456
(Name of Person) (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, ^{1.50}
Certificate of Status & ^{1.50}
Certified Copy ^{8.00}
(additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Doc # L04000042711

Stellar Lawn Service & Pest Management, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 6/7/04 and assigned
document number L04000042711.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited
liability company:

Name Change.

Please change name to

Stellar Professional Landscape Services, LLC

Dated 11/17/04.



Signature of a member or authorized representative of a member

Scott Olesen

Typed or printed name of signee

Filing Fee: \$25.00