

L04 0000 55037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

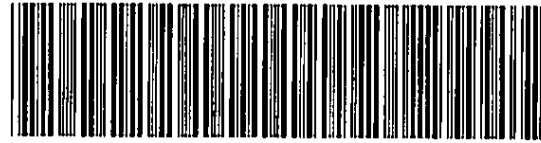
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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11/07/19--01005--015 **25.00

SECRETARY OF STATE
FILING OFFICE
2019 DEC 27 PM 1:37

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Y SULKER
DEC 30 2019

x



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2019

5 STAR LAWN & SHRUB CARE. LLC
475 S SHELL RD C1
DEBARY, FL 32713

SUBJECT: 5 STAR LAWN & SHRUB CARE. LLC
Ref. Number: L04000055037

We have received your document for 5 STAR LAWN & SHRUB CARE. LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for Registered Agent change. You need to submit amendment form if you want to add/Remove individuals.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 519A00024876

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5 Star lawn and shrub care also 5 Star lawn and pest control
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 McKinstry
Name of Person

5 Star lawn and shrub care
Firm/Company

p.o. box 525
Address

lake Helen, FL 32744
City/State and Zip Code

ScottMcKinstry@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott McKinstry at (386) 747 5866
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, Certificate of Status & Certified Copy (additional copy is enclosed)
- already sent and cashed

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

5 Star Lawn and Shrub Care dba 5 Star Lawn and Pest Control 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 _____ and assigned Florida document number L04000055037

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 "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)

5 Star Lawn and Shrub Care

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: _____

New Registered Office Address: _____

Enter Florida street address

Florida

City

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.

If Changing Registered Agent, Signature of New Registered Agent

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2019 OCT 27 PM 2:48
SECRET
TALLAHASSEE, FLORIDA

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	Roshyn McKinstry	3000 Lockwood Blvd	<input type="checkbox"/> Add
		Deltona, FL 32738	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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