

L04 000 093 954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

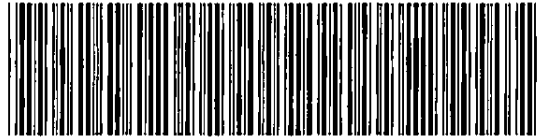
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100431127951

06/11/24--01029--024 **60.00

FILED
24 JUN 11 AM 4:37
CLERK OF COURT
CLERK OF COURT

SHAMROCK'S LANDSCAPING

and Lawn Care, LLC

5392 Mahan Drive
Tallahassee, FL 32308
850/251-0001 office

June 6, 2024

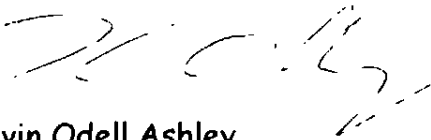
Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6237
Tallahassee, FL 32314

To whom it may concern:

Enclosed please find my amended application for Articles of Organization of a Florida Limited Liability Company, along with my check #1012 in the amount of \$60.00, for the filing fee, Certificate of Status, and Certified Copy.

If there should be any questions, please reach out to Aimee Ashley at 850/251-3653.

Thank you,



Kevin Odell Ashley
Owner

Mailing address: 3621 Belfast Drive
Tallahassee, FL 32309

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Shamrock's Landscaping and Lawn Care, L.L.C.

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:

Kevin Odell Ashley

Name of Person

Firm/Company

3621 Belfast Drive

Address

Tallahassee, FL 32309

City/State and Zip Code

diet423@comcast.net

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

For further information concerning this matter, please call:

Aimee Ashley

850 251-3653

at ()

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 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**

Shamrock's Landscaping and Lawn Care, L.L.C.

(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 12/29/2004 and assigned
Florida document number W04000046581.

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)

3621 Belfast Drive
Tallahassee, FL 32309

FILED
24 JUN 11 AM 4:37
TALLAHASSEE, FLORIDA

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:

Aimee Lynn Ashley

New Registered Office Address:

3621 Belfast Drive

Enter Florida street address

Tallahassee

Florida 32309

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.

Aimee Lynn Ashley
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>
Mr.	Kevin Odell Ashley, AMBR	3621 Belast Drive, Tallahassee, FL 32309	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Mr.	Kody Stokes Ashley, AMBR	3621 Belast Drive, Tallahassee, FL 32309	<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00