

W5000089826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

205 - 89826

(Document Number)

Certified Copies _____

Certificates of Status 1

Special Instructions to Filing Officer:

10/20

amend

Office Use Only



800060607948

10/20/05--01034--018 ***00.00

M. HODGES

FILED
TALLAHASSEE FLORIDA

05 OCT 20 AM 10:03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Exquisite Lawn Care & Maintenance 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:

Kyle Leavens
(Name of Person)

(Firm/Company)

1092 E. Hancock Dr.
(Address)

Deltona, FL 32725
(City/State and Zip Code)

For further information concerning this matter, please call:

Kyle Leavens at (386) 216-7940
(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)

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

Exquisite Lawn Care & Maintenance LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on September 12, 2005 and assigned document number L05000089826.

SECOND: This amendment is submitted to amend the following:

The removal of Ruben Velazquez
and Frank Cesario as managers
of the Limited Liability Company
Exquisite Lawn Care & Maintenance LLC.

Dated October 14th, 2005.

Kyle Leavens

Signature of a member or authorized representative of a member

Kyle Leavens

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 OCT 20 AM 10:03

FILED

Filing Fee: \$25.00