## 106000037370

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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SECRETARY OF STATE
PALLAHASSEF, FINGE

D. BRUCE

DEC 14 2009

EXAMINER

## **COVER LETTER**

TO: Régistration Division of C				
SUBJECT:	Caribbean Lawı	n and Tree Service, LLC		
		nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
		Jimmy Fulper		
		Name of Person		
	Caribb	ean Lawn and Tree Service		
		Firm/Company		
	,	180 Pearl Avenue		
		Address		Zoga
	Т	avernier, Florida 33070		908
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		ASA C
	E mail address:	fulpers@hotmail.com (to be used for future annual report notific	ation)	SEE, F
For further information	concerning this matter, please		4	PA 4:2: OF STATE OF FLORIE
	Jimmy Fulper	at ( 305 ) 5	522-4656	DA 7
Name	e of Person	Area Code & Daytime	Telephone Numbe	r
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)	Certifie	ate of Status &
Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter C <u>i</u> rcle	



December 7, 2009

JIMMY FULPER 180 PEARL AVENUE TAVERNIER, FL 33070

SUBJECT: CARIBBEAN LAWN & TREE SERVICES LLC

Ref. Number: L06000037370

We have received your document for CARIBBEAN LAWN & TREE SERVICES 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):

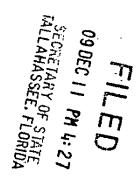
Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 909A00037304



## ARTICLES OF AMENDMENT . TQ ARTICLES OF ORGANIZATION OF

Caribbean Lawr	n and Tree Service	e, LLC	
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appear mited Liability Company)	's on our records.)	
The Articles of Organization for this Limited Liability Co	mpany were filed on	07/31/09	and assigned
Florida document numberL06000037370	_•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company her	<u>e</u> :	
The new name must be distinguishable and end with the word 'L.L.C."	s "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE	ESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			FILED  DECII PH 4: 2  RETARY OF STATE AHASSEE, FLORIC
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre			A A
egiotei eu agent anoi est ne ne r registerea emec auxe			
Name of New Registered Agent:		,	
New Registered Office Address:			7
	Eni	ter Florida street add	aress
	City	, Florida	Zip Code
	Cuy		Lip Coue

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.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action **Address** Title Name Thomas Hayes MGRM 218 South Coconut Palm Blvd ☐ Add **√** Remove Tavernier, Florida 33070 ☐ Add Remove ☐ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 1 2009 Dated \_\_\_\_ Signature of a member or authorized representative of a member Jimmy Fulper Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00