

L06000050429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

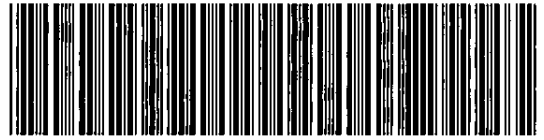
Special Instructions to Filing Officer:

A. LUNT

APR 27 2010

EXAMINER

Office Use Only



600176989566

04/23/10--01039--017 **25.00

FILED
2010 APR 23 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: cianna mea service 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:

 clinton jackson
Name of Person

 cianna mea service llc
Firm/Company

 1857 atwood dr # 25
Address

 pensacola ,fl 32514
City/State and Zip Code

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

FILED
2010 APR 23 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

 clinton jackson at (850) 454-4611
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**

cianna mea service 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 5/15/06 and assigned
Florida document number L06000050429.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

C's Lawn care & Property Maintenance llc

The new name must be distinguishable and end with 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)

1857 atwood dr # j99

pensacola, fl 32514

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1857 atwood dr #j99

pensacola, fl 32514

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:

Clinton jackson

New Registered Office Address:

1857 atwood dr #j99

Enter Florida street address

Pensacola

, Florida

32514

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 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 Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Clinton jackson	1857 atwood dr #j99 pensacola, fl 32514	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jarmal jackson	1857 atwood dr #25 pensacola, fl 32514	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Michelle hagen	1492 John carroll dr #A pensacola, fl 32504	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 4-21, 2010.

Clinton Jackson
Signature of a member or authorized representative of a member
Clinton Jackson
Typed or printed name of signee

FILED
2010 APR 23 PM 3:17
TALLAHASSEE, FLORIDA
CLERK OF COURT
JERRY L. BRYAN