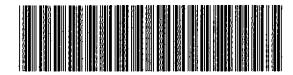
L06000102846

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

MAR 1 4 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 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:		
Julio A. Nieves		
(Name of Person) N & V Lawn Care		
2200 Chappell Ct		
Hissinnee F1 34746		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Julio A. Nieves at 407, 923-2154 (Name of Person) (Area Code & Daytime Telephone Number)		
England is a check for the following empount.		
Enclosed is a check for the following amount: \$\sum{25.00 Filing Fee}\$ \$\$30.00 Filing Fee & \$\$55.00 Filing Fee & \$\$60.00 Filing Fee,		
Certificate of Status Certified Copy (additional copy is enclosed) 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



RECEIVED

08 MAR 13 PM 1:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 6, 2008

JULIO A NIEVES 2200 CHAPPELL CT KISSIMMEE, FL 34746

SUBJECT: N & V LAW CARE LLC Ref. Number: L06000102846

We have received your document for N & V LAW 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):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

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

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 108A00014102

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

(Zip Code)

Law Care LIC

	ROW COE
(Name of the Limited L	ability Company as it now appears on our records.)
· (AF	lorida Limited Liability Company)
The Articles of Organization for this Limited Liab	oility Company were filed on Dct 20, 2006 and assigned
Florida document number <u>L06000/</u> C	02846
	,
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	ne limited liability company here:
N & V La	on Care LLC
	he words "Limited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."	
	,
R 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	
registered agont and/or the new registered offic	audi ess nei e
Name of New Registered Agent:	
New Registered Office Address:	
	(Enter Florida street address)
	Fi 11-

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

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

MGR = Manager

MGRM = Managing Member Title ' <u>Name</u> **Address** Type of Action Add Remove ☐ 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.) Dated or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00