

L07 000019703

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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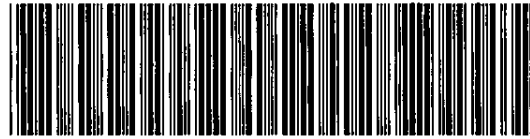
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JAN 23 2012

EXAMINER



300217360353

01/20/12--01020--006 **25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 20 AM 8:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOUR SEASONS LAWN CARE 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:

COREY SZAFRANSKI
Name of Person

FOUR SEASONS LAWN CARE LLC
Firm/Company

P.O. Box 618
Address

LAKE COMO, FL 32157
City/State and Zip Code

FOURSEAZONSLAWNCARE@LIVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

COREY SZAFRANSKI at (386) 649-8666
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

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

FOUR SEASONS LAWN CARE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 20 11 08 24

The Articles of Organization for this Limited Liability Company were filed on 2/21/2007 and assigned
Florida document number LO7000019703.

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 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)

FOUR SEASONS LAWN CARE LLC

1106 Old Hwy 17

LAKE COMO, FL 32157

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FOUR SEASONS LAWN CARE LLC

PO Box 618

LAKE COMO FL 32157

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:

COREY SZAFRANSKI

New Registered Office Address:

1106 Old Hwy 17

Enter Florida street address

LAKE COMO

City

Florida

32157

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.

COREY SZAFRANSKI
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	Wayne W Carlisle	107 BARBER LANE PALATKA FL 32177	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Corey Szafiranski	166 Old Hwy 17 LAKE COMO FL 32157	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JANUARY 17th, 2012.

Corey Szafiranski
Signature of a member or authorized representative of a member
Corey Szafiranski
Typed or printed name of signee