

L07000054009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

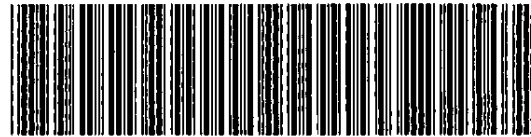
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN

JUL 14 2011

EXAMINER

1-59317



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2011

JONATHAN MCKINNEY
1824 MARION COUNTY ROAD
WEIRSDALE, FL 32184

SUBJECT: MCKINNEYS LANDSCAPE SERVICES LLC
Ref. Number: L07000054009

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TALLAHASSEE, FLORIDA

You failed to make the correction(s) requested in our previous letter.

Any reinstatement application received after January 1st must include the fees for next year's annual report. Please be sure to include an additional \$138.75 if your reinstatement is submitted after January 1st.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 111A00000290



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2010

JONATHAN MCKINNEY
1824 MARION COUNTY ROAD
WEIRSDALE, FL 32184

SUBJECT: MCKINNEYS LANDSCAPE SERVICES LLC
Ref. Number: L07000054009

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MCKINNEYS LANDSCAPE SERVICES LLC and your check(s) totaling \$30.00. However, the document has not been filed and is being retained in this office for the following:

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

Any reinstatement application received after January 1st must include the fees for next year's annual report. Please be sure to include an additional \$138.75 if your reinstatement is submitted after January 1st.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 110A00029797

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCKINNEY'S LANDSCAPE SERVICES 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:

JONATHAN MCKINNEY

Name of Person

Firm/Company

1824 MARION COUNTY ROAD

Address

WEIRSDALE, FL 32184

City/State and Zip Code

JM@MCKINNEYSLANDSCAPE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIE COURTEMANCHE

Name of Person

at (352)

259-0083

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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TALLAHASSEE, FLORIDA

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

MCKINNEYS LANDSCAPE SERVICES 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 05/22/2007 and assigned
Florida document number L07000054009.

This amendment is submitted to amend the following:

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

J. N. M. HORTICULTURE SERVICES 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)

1824 MARION COUNTY ROAD

WEIRSDALE, FL 32195

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

NO CHANGE

New Registered Office Address:

Enter Florida street address

, Florida

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>
_____	_____	_____	<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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 12-20-2010

* Jonathan N McKinney

Signature of a member or authorized representative of a member

JONATHAN N MCKINNEY

Typed or printed name of signee