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J. SAULSBERRY  
EXAMINER

JUL 15 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Blades Lawn Detailing, 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:

Jeffrey W. Driggers  
Name of Person

Blades Lawn Detailing, LLC.  
Firm/Company

13790 Yellow Bluff Rd.  
Address

Jacksonville, Florida 32226  
City/State and Zip Code

bladesjwd@att.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tara Driggers at (904) 403-0285  
Name of Person Area Code & Daytime Telephone Number

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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**

BLADES LAWN DETAILING, 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 07/18/2007 and assigned Florida document number L0700007443.2

This amendment is submitted to amend the following:

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

Blades Lawn Detailing, 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)**

13790 Yellow Bluff Rd  
Jacksonville Florida  
32226

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

13790 Yellow Bluff Rd  
Jacksonville Florida  
32226

**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:**

Jeffrey W. Driggers

**New Registered Office Address:**

13790 Yellow Bluff Rd  
Enter Florida street address

Jacksonville, Florida 32226  
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.*

Jeffrey W. Driggers  
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

Title	Name	Address	Type of Action
MGR	Jeffrey W. Driggers	13790 Yellow Bluff Rd. Jacksonville Florida 32226	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Walter H. Smith	520 Sammuel Huntington St. Orange Park FL 32073	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Tammy K. Smith	520 Sammuel Huntington St. Orange Park FL 32073	<input type="checkbox"/> Add <input checked="" 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 7/11/2011

Jeffrey W. Driggers  
Signature of a member or authorized representative of a member  
Jeffrey W. Driggers  
Typed or printed name of signer

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