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D. BRUCE

APR 16 2010

EXAMINER

COVER LETTER

	istration Section ision of Corporations	
SUBJECT:	Vaughn Land & Lawn LLC	
	Name of Limited Liability Company	-
	Articles of Amendment and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
	Jamie Bunkley	
•	Name of Person	
	Tax Savers	
	Firm/Company	
	17179 Bonnie Avenue	
	Address	_
	Port Charlotte, FL 33954	
	City/State and Zip Code	
	jamie@taxsaversfl.net E-mail address: (to be used for future annual report notification)	SEE SEE
For further in	nformation concerning this matter, please call:	10 APR 15 PH 12:37 CLAHASSEE FLORIDA
	Jamie Bunkley at (941) 625-1925	DA
	Name of Person Area Code & Daytime Telephone Num	ber
Enclosed is a	a check for the following amount:	
\$25.00 F	iling Fee \$\ \bigcup \\$30.00 \text{ Filing Fee & }\ \bigcup \\$55.00 \text{ Filing Fee & }\ \bigcup \\$60.00 \\ \text{Certificate of Status} \\ \bigcup \text{Certified Copy }\ \text{(additional copy is enclosed)} \\ \end{array} \text{Certified Copy }\ Certified Copy	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
	MAILING ADDRESS: STREET/COURIER ADDRESS Registration Section Registration Section Division of Corporations	:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VS	aughn Land & Lawn LLC	e on our records			
(A	Liability Company as it now appear Florida Limited Liability Company)	s on our records.			
The Articles of Organization for this Limited Li	and assigned				
Florida document numberL07000095	5281				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liability company here	<u>e</u> :			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applications	able:				
(Principal office address MUST BE A STREE	T ADDRESS)		ASS 5		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		FOF STATE		
B. If amending the registered agent and/or the new registered of		our records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:	Ronald N Vaughn				
New Registered Office Address: 4474 Ozark Avenue					
Enter Floridu street address					
	North Port	, Florida	34287		
	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> Type of Action MGRM Jason Vaughn 4474 Ozark Avenue ☐ Add North Port FL 34287 Remove Ronald L Vaughn MGRM 4474 Ozark Avenue □ Add North Port, FL 34287 √ Remove ☐ Add Remove □Add Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Ronald W. Vaulan
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00