

LO8000037192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

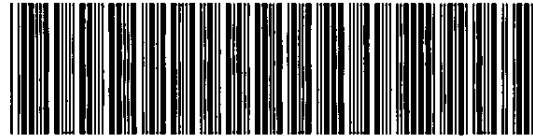
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-46610

Office Use Only



600262409236

07/28/14--01007--022 **25.00

OFFICE OF STATE
CLERK
FALLS CHURCH, VA

2014 AUG 18 PM 2:31

FILED

AUG 19 2014
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2014

HUGH J STAFFAN
7829 CR 109E
LADY LAKE, FL 32159

SUBJECT: FULL CIRCLE LAWN & HOME MAINTENANCE LLC
Ref. Number: L08000037192

We have received your document for FULL CIRCLE LAWN & HOME MAINTENANCE 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):

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

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 614A00016079

2014 AUG 18 PM 2:31

FILED

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **Full Circle Lawn and Home Maintenance**
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:

Hugh J Staffan

Name of Person

Full Circle Lawn Service

Firm/Company

7829 CR 109E

Address

Lady Lake, Florida 32159

City/State and Zip Code

hstaffan@embarqmail.com

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

For further information concerning this matter, please call:

Hugh J Staffan

Name of Person

at **352 630-9095**

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)

**PMT ON RECORD
CK #1002**

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

2014 AUG 18 PM 2:31

FILED

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

Full Circle Lawn and Home Maintenance

(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 4/14/2008 and assigned
Florida document number L08000037192.

This amendment is submitted to amend the following:

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

Full Circle Lawn Service 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)

7829 CR 109E

Lady Lake Florida

32159

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Anthony A. Rao	9829 CR 109E	<input type="checkbox"/> Add
		Lady Lake, Florida	<input checked="" type="checkbox"/> Remove
		32159	
MGR	Hugh J Staffan	9829 CR 109E	<input type="checkbox"/> Add
		Lady Lake, Florida	<input checked="" type="checkbox"/> Remove
		32159	
Owner AMBR	Hugh J Staffan	9829 CR 109E	<input checked="" type="checkbox"/> Add
		Lady Lake, Florida	<input type="checkbox"/> Remove
		32159	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2014 AUG 18 PM 2:31
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 15, 2014



Signature of a member or authorized representative of a member

Hugh J Staffan

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 AUG 18 PM 2:31
CLERK OF STATE
TALLAHASSEE, FLORIDA