

LO8000073904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2014 OCT 24 PM 12:15  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

10/28/14

OCT 28 2014  
J. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Proving Grounds Lawn Care & Home Repair, 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:

Michael Langel

Name of Person

Proving Grounds Lawn Care & Home Repair, LLC

Firm/Company

C/O 14504 Orange Ave Ext

Address

Fort Pierce, FL 34945

City/State and Zip Code

Mike@provinggrounds.biz

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

For further information concerning this matter, please call:

Michael Langel

Name of Person

at ( 772 )

Area Code

332-3369

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

Doc # L08000073904

FILED  
2014 OCT 24 PM 12:15  
TALLAHASSEE, FLORIDA  
CLERK OF SUPERIOR COURT

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

Proving Grounds Lawn Care & Home Repair, 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 7/31/2008 and assigned Florida document number L08000073904.

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)

14504 Orange Ave Ext

Fort Pierce, FL 34945

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

(Mailing address MAY BE A POST OFFICE BOX)

14504 Orange Ave Ext

Fort Pierce, FL 34945

**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:

Michael Langel

New Registered Office Address:

14504 Orange Ave Ext

*Enter Florida street address*

Fort Pierce

Florida

34945

*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.

(Signature) Michael Langel  
If Changing Registered Agent, Signature of New Registered Agent

EFFECTIVE DATE

10/28/14

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	Jon Singletary	1183 Weslaco St., SE	<input type="checkbox"/> Add
and RA		Palm Bay, FL 32909	<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
			<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.)

Michael Langel is now the sole owner/operator of this LLC.

By signing this document, it is understood by Michael Langel

that he is familiar with and accepts all obligations

of the position.

Jon Singletary no longer have holds any type of position or liabilities for this LLC.

E. Effective date, if other than the date of filing: Oct 28, 2014 (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

11/18/2014

(X) Michael Langel

Signature of a member or authorized representative of a member

Michael Langel

Typed or printed name of signee

FILED  
2014 OCT 24 PM 12:15  
CLERK OF STATE  
TALLAHASSEE FLORIDA

Page 3 of 3

Filing Fee: \$25.00

+ Certified Copy \$30.00

Total: \$55.00 check #1003

Doc#

LB0000073904