## #L08000076234

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Hame)
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2013 DEC 19 PM 1:49
SECRETARY OF STATE,

K. SALY EXAMINER JAN - 8 2014



December 20, 2013

ROBERT E MEEKS 313 ARAPAHO TRAIL WINTER SPRINGS, FL 32708

SUBJECT: R E M LAWN AND SHRUB LLC

Ref. Number: L08000076234

We have received your document for R E M LAWN AND SHRUB 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is G35897 "R. E. M. ENTERPRISES, INC.".

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.

Karen A Saly Regulatory Specialist II

Letter Number: 913A00028955

## **COVER LETTER**

Division of Corp			
SUBJECT: REN	Name of Linit	ug LLC	
	Name of Limit	ed Liability Company	······································
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Robert &	. MEEKS	<del></del>
		Name of Person	
		Firm/Company	
	313 ARAPA	A Ho T NAI "L Address	
•	WINTER	Splins 5 FL, 32	
	Simply Say E-mail addiess: (t	ory REMO AOL. Co be used for future annual report notificati	om on)
For further information co	oncerning this matter, please ca	all:	
Robert E	Rzeles	at (40) 739-85 Area Code & Daytime Te	12
Name of	Person	Area Code & Daytime To	elephone Number
Enclosed is a check for th	e 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 32304

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2013 DEC 19 PM 1:49

TALLAHASSEE, FLORIDA

REM LAW P & SHOO (Name of the Limited Libility Comp. (A Florida Limited	of uc	TALLAHARY OF D
( <u>Name of the Limited Lifability Comp</u> (A Florida Limited	any as it now appears on our re Liability Company)	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Compan	y were filed on 8/8/20	and assigned
Florida document number <u>L08000076234</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	TREBOR E SK661 nited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	MA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	N/A	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		s. <u>enter the name of the new</u>
Name of New Registered Agent:		<del> </del>
New Registered Office Address:	Enter Florida	street address
	F	Iorida
<del></del>	City	lorida

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = M MGRM =	anager Managing Member	NA	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		-14	Remove
	<del>-</del>		Add
			Remove
			Add
			Remove
			<del></del>
			Add
			Remove
			Add
			Remove
			Add
			Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
:d	$\frac{1/17/2013}{21-2013}$	
	Signature of a member or authorized representative of a member	
	Robert E. Meeks	

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Filing Fee: \$25.00