

LD8000101165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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of State.
- Yuf

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09 OCT 27 PM 3:30

SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. Tedlock OCT 27 2009

COVER LETTER

TO: ~~Registration Section~~ **ATTENTION: BRENDA TADLOCK** - per phone conversation with Leslie on Friday
 Division of Corporations **October 23, due to the error on the part of the state—Fees will be**
waived. Please
call if any questions
Thank you.
Suzanne Chapman

SUBJECT: CLASSIC LAWNS OF PINEVALLEY
 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:

SUZANNE CHAPMAN

Name of Person

Williams Parker Harrison Dietz & Getzen

Firm/Company

200 S. Orange Avenue

Address

Sarasota, FL 34236

City/State and Zip Code

SCHAPMAN@WILLIAMSPARKER.COM

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

For further information concerning this matter, please call:

SUZANNE CHAPMAN

Name of Person

at (941)

552-5549

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)

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**

CLASSIC LAWNS OF PINEVALLEY

(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 10/28/2008 and assigned
Florida document number L08000101165

This amendment is submitted to amend the following:

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

CLASSIC LAWNS OF PINEVALLEY, 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)

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 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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 27 PM 3:29

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>	<u>Type of Action</u>
			<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 10/23/ 2009


Signature of a member or authorized representative of a member

COLIN C. DALE, MANAGER

Typed or printed name of signee