

LO8006124803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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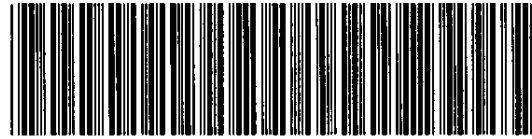
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2014

DUANE CLARK
PO BOX 23123
ST PETERSBURG, FL 33742

SUBJECT: CUSTOM CUT LAWN CARE LLC
Ref. Number: L08000109803

We have received your document for CUSTOM CUT LAWN CARE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 014A00013025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Custom Cut Lawn care 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:

DUANE Clark
Name of Person

Firm/Company

PO Box 231 23
Address

St. Petersburg FL 33742
City/State and Zip Code

DUANE@ProLawnCareMN.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DUANE Clark at (813) 424-8376
Name of Person 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**

Custom Cut Lawn Care 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 12/1/2008 and assigned Florida document number 300515810.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1201 Gandy Blvd N # 23123
St. Petersburg, FL 33742

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Po Box 23123
St. Petersburg, FL 33742

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:

DUANE Clark

New Registered Office Address:

Po Box 23123 1201 Gandy Blvd N # 23123
Enter Florida street address
St. Petersburg, Florida 33742
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	TASON BATHALON	7211 9 th Avenue N St Petersburg FL 33710	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Sheri A Bathalon	7211 9 th Ave North St Petersburg FL 33710	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DUANE Clark	Po Box 23123 St Petersburg FL 33712	<input checked="" 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.)

~~Amended~~

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 ~~1-11-14~~ 6-9, 2014.



Signature of a member or authorized representative of a member

DUANE Clark

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 JUN 20 PM 3:56
TALLAHASSEE, FLORIDA