

L09000018817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

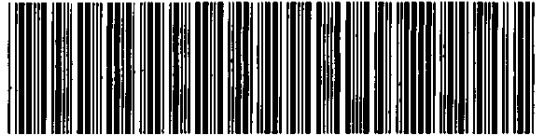
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FILED
2010 JUN 11 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 14 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2010

CORINNE CURRIER
GEORGE TRENEN BUSH CPA & CO, PA
205 AVE K SE
WINTER HAVEN, FL 33880

SUBJECT: J & M LAWN CARE OF LAKE LAND, LLC
Ref. Number: L09000018817

We have received your document for J & M LAWN CARE OF LAKE LAND, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 810A00011498

GEORGE TRENEN BUSH CPA & CO., P.A.

205 Avenue K., S.E.
Winter Haven, Florida 33880
(863) 401-8866
Fax (863) 401-8503

Member
Florida Institute of
Certified Public Accountants

Member
American Institute of
Certified Public Accountants

June 3, 2010

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Attn: Carolyn Lewis, Regulatory Specialist II

Re: Letter Number 810A00011498

Dear Ms. Lewis:

In accordance with your request per the above referenced letter, please find enclosed the properly formatted Articles of Amendment to Articles of Organization of J & M Lawn Care of Lakeland, LLC for which you have already received and retained fees in the amount of \$35.00. Please apply the fees as follows:

Filing Fee	\$25.00
(2) Certificate of Status	10.00

Sincerely,

Corinne M. Currier

Corinne M. Currier
Bookkeeper

Enclosures: Articles of Amendment of J & M Lawn Care of Lakeland, LLC – Original &
1 Copy
Copy of Letter Number 810A00011498

/cmc

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J & M LAWN CARE OF LAKE LAND, 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:

CORINNE CURRIER

Name of Person

GEORGE TRENEN BUSH CPA & CO., P. A.

Firm/Company

205 AVENUE K SE

Address

WINTER HAVEN, FL 33880

City/State and Zip Code

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

For further information concerning this matter, please call:

GEORGE TRENEN BUSH, CPA

Name of Person

at (863)

401-8866

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

FILED

2010 JUN 14 PM 12:38

J & M LAWN CARE OF LAKE LAND, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 25, 2009 and assigned
Florida document number L09000018817.

This amendment is submitted to amend the following:

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

J & M LAND MANAGEMENT, 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

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

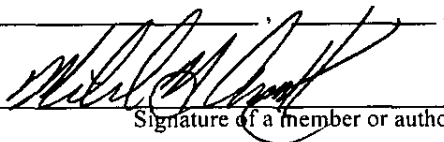
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated _____



Signature of a member or authorized representative of a member

MICHAEL ARNETT

Typed or printed name of signee

2018 JUN 14 PM 3:38
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA