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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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12 JAN 19 PM 4:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JAN 17 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miracle Lawn Service 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:

Mike Gonzalez & Timothy Colon
Name of Person

Miracle Lawn Service, LLC
Firm/Company

5110-NW 24th Terr
Address

Gainesville, FL 32605
City/State and Zip Code

miraclelawnservice.2@gmail.com
E-mail address (optional)

For further information concerning this matter, please call:

Mike Gonzalez at (352) 262-6444
Name of Person Area Code & Daytime Telephone Number

STATE OF FLORIDA
TALLAHASSEE

12 JAN 13 PM 4:33

611 910

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**

Miracle Lawn Service 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 May 27, 2009 and assigned Florida document number LO9000050993.

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)

5110 NW 24th Terr
Gainesville, FL 32605

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5110 NW 24th Terr
Gainesville, FL 32605

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:

Mike Gonzalez

New Registered Office Address:

5110 NW 24th Terr

Enter Florida street address

Gainesville

Florida

32605

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.

Mike Gonzalez
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

Title	Name	Address	Type of Action
MGRM	Jonathan P Trunk	1609 NW 20th Way Gainesville, FL 32609	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Mike Gonzalez	5808 NW 30th Terr Gainesville, FL 32653	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Timothy Colon	5110 NW 24 Ter Gainesville FL 32609	<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

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

Dated _____

Michael Gonzalez Timothy Colon
Signature of a member or authorized representative of a member

MICHAEL GONZALEZ TIMOTHY COLON
Typed or printed name of signee

12 JAN 13 PM 4:34
STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2011

MIKE GONZALEZ
MIRACLE LAWN SERVICE LLC
5110 NW 24TH TERRACE
GAINESVILLE, FL 32605

SUBJECT: MIRACLE LAWN SERVICE LLC
Ref. Number: L09000050993

We have received your document for MIRACLE LAWN SERVICE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Only one person is required to serve as Registered Agent

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 911A00027904