# L040000 50993

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SECRETARY OF STATE
TALLAHASSEE FILES

D. BRUCE
SEP 14 2012
EXAMINATION

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	Name of Limit	SERVICE LLC, ted Liability Company	<del></del>		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	TIMOTHY (	C. CoLow  Name of Person			
	Miracle la	Firm/Company LLC			
	5110 NW 2	y to Test. Address			
	Gainesuille Micacle lawns	F. L. 32605  Lity/State and Zip Code  Per V. Ce. 2 @ gmail  o be used for future annual report notification	 .Com	12 SEP SECRET	1
For further information	E-mail address: (i concerning this matter, please ca		on)	ASY OF	
TiMOTHY Name	Colon of Person	at (352 260 - 11)  Area Code & Daytime Tel	ephone Number	HID: 54	
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is		

### 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

Micacle Lawn	Service LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) Ida Limited Liability Company)		
The Articles of Organization for this Limited Liabilit Florida document number <u>LD 9000050</u>	ty Company were filed on $05/37/09$	and assigned	
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "LLC	" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	ODRESS)	<del></del>	
		ALL SE	
		SER SER	
Enter new mailing address, if applicable:		158 T	
(Mailing address MAY BE A POST OFFICE BOX			
		55. 55	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the address here:	name of the new	
Name of New Registered Agent:		<del> </del>	
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	Citv	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member

MIKE GONZALEZ 5110 NW 24 TEM.

Gainesville, F.L. 32605 <u>Title</u> **Type of Action** Add ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a plember or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00