

L09000105310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

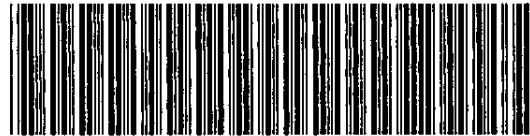
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2013 FEB - 4 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Profile Lawn Care of North Florida, 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:

David L Brown Jr

Name of Person

Profile Lawn Care of North FL, LLC

Firm/Company

11618 Springboard Drive

Address

Jacksonville, Florida 32218

City/State and Zip Code

DL05BROWN@HOTMAIL.COM

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

For further information concerning this matter, please call:

David L Brown Jr

Name of Person

904 294-2335

at ()

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 FEB -4 PM 1:55

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PROFILE LAWN CARE OF NORH FLORIDA, 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 04/13/2012 and assigned
Florida document number L09000105310.

This amendment is submitted to amend the following:

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

Profile Lawn Care of North Florida, 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)

11618 Springboard Drive

Jacksonville, FL 32218

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11618 Springboard Drive

Jacksonville, FL 32218

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:

David L Brown Jr

New Registered Office Address:

11618 Springboard Drive

Enter Florida street address

Jacksonville

City

Florida 32218

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>
MGR	David L Brown Jr	11618 Springboard Drive	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32218	<input type="checkbox"/> Remove
MGR	Marvella L Brown	11618 Springboard Drive	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32218	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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2013 FEB -11 PM 2:46
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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

David L Brown Jr

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 FEB -4 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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