

L16000016145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

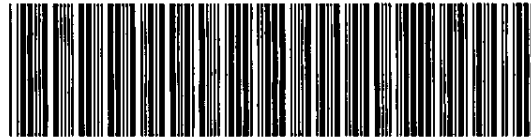
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. Shivers OCT 31 2014

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14 OCT 30 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARZ Landscape Management 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:

Michael Stone  
Name of Person

ARZ Landscape Management LLC  
Firm/Company

120 dew drop LN  
Address

Casselberry FL 32707  
City/State and Zip Code

Stone81m@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Stone at ( 407 ) 952-5289  
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

ARZ Landscape Management LLC

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in 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>
<u>MGR</u>	<u>Zachary Morrison</u>	<u>543 Northbridge Dr.</u>	<input type="checkbox"/> Add
		<u>Altamonte Springs, FL 32714</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Amy Leary</u>	<u>543 Northbridge Dr.</u>	<input type="checkbox"/> Add
		<u>Altamonte Springs, FL 32714</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Michael Stone</u>	<u>120 Dewdrop Ln.</u>	<input checked="" type="checkbox"/> Add
		<u>Casselberry FL 32707</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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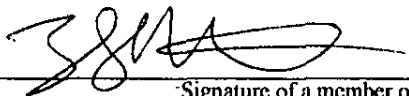
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 10-28-14, 2014.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Zachary Morrison

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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