

L10000037896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

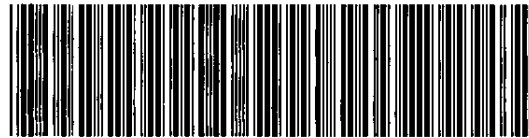
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2010 OCT -1 AM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 4 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTEGRITY SAFER LAWNES AND HOMES
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:

JOHN SELEZAN
Name of Person

INTEGRITY SAFER LAWNES AND HOMES
Firm/Company

1410 MEYER LANE
Address

TARPON SPRINGS FL. 34688
City/State and Zip Code

SAFELAWNESANDHOMES@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN SELEZAN at (727) 234-5998
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2010 OCT -1 AM 12: 24

INTEGRITY SAFER LAWN AND HOMES, LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/08/2010 and assigned
Florida document number L20000037.896

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)

1410 MEYER LANE
TARPON SPRINGS
FL. 34688

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1410 MEYER LANE
TARPON SPRINGS FL.
34688

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:

JOHN SELEZAN

New Registered Office Address:

1410 MEYER LANE

Enter Florida street address

TARPON SPRINGS, Florida 34688
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.

John Selezan
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	KENNETH L FERNANDEZ	2711 W. ARCH ST TAMPA FL 33607	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	TERESA AVRAMIDIS	2318 TALLY HO LANE PALM HARBOR FL 34683	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RECKY DAMIAN	133 LAKE SHORE DR. N	<input type="checkbox"/> Add <input checked="" 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.)

TAX ID# 27-2302685

Dated _____


Signature of a member or authorized representative of a member

Typed or printed name of signee

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TALLAHASSEE, FLORIDA