# LIDDOOTS30

(Req	uestor's Name)	
(Add	ress)	
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(City	//State/Zip/Phone	e #)
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(Doc	cument Number)	
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MARITI YOUS D. BRUCH

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## **COVER LETTER**

TO:	Registration Sect Division of Corpo				
SUBJI	ест: <u>5 и</u>	Name of Lim	n Care, LLC ited Liability Company		
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspond	dence concerning this matter	to the following:		
		Mark 0'St	Nome of Person		
		Sullivanic	Name of Person  Lawn Care, LL  Firm/Company	<u> </u>	
		Milland	Firm/Company		
		3051 Pad	idle Creck Drive		
		Green Cov	e Springs, FL 32 City/State and Zip Code	.043	
			Fire 04@hotmail. conto be used for future annual report notifi	<b></b>	
For fur	ther information cor	ncerning this matter, please ca	•	NAR 1	
	Mark Ryan Name of F	O'Steen Person	at (904) 838- Area Code Daytime	Telephone Number LOR	
Enclos	ed is a check for the	following amount:		P -	
<b>□ \$</b> 2:	5.00 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

# TO ARTICLES OF ORGANIZATION OF

Sullivan's Lawn Lare, 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 we Florida document number \( \bullet \bullet \text{DDDO079530} \).	1- 1-			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	ty company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	3051 Puddle Creek Dr.			
(Principal office address MUST BE A STREET ADDRESS)	Green Cove Springs, FL 32043			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	Sullivan's Lawn Care, LLC 3051 Paddle Creck DRIVE Green Cove Springs, FL 32043 re address on our records, enter the name of the new			
Name of New Registered Agent:  New Registered Office Address:  3051  Green	City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	Driver -			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac- company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is			

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Il Changing Registered Agent, Signature of New Registered Agent

# or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mark Ryan O'Steen	3051 Paddle Creek DR.  Green Cove Springs, FL	Add
			Change
MGR (PRES)	Shawn Edward Sullivan	3144 Hidden Meadows Ct.	
		Green Cove Springs, FL 32043	Remove
		<del></del>	Change
<del> </del>			Add
			Remove
			Change
			Add
		SECOL TARY TALLA HASSE	Remove Change
		FLONIUA	Remove
			Change
			Add
			Remove
			☐ Change

· · Dwnership of Sullivar's Laun Care, LLC				
been transfered from Shawn Edward S	Sulli	van	<u>.</u>	
to new owner, Mark Ryan O'Steen.	ک	of		
March 1, 2016. Please transfer licens	5 <i>C 2</i>	and	EIN	
numbers to Mark o'steen. Thank you	ju J	For	UDVY	~
prompt attention to this matter.				
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			<del></del>	
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E. Effective date, if other than the date of filing: March 1 7016  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day	(options	al) ing ) Pursi	uant to 605 (	1207 (3Vh
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, this da	ate will n	not be listed	i as the
·				
If the record specifies a delayed effective date, but not an effective time, at 12 (b) The 90th day after the record is filed.	01 a.n	n. on th	ne earliei	r <b>of:</b>
	ECAE ECAE	S MAR	77	
Dated March 2016.	TARY ASSE		and a	
		ד	(A) 	
Signature of a member or authorized representative of a member	JATE	- či		
Shown Sullivan	خد	<i>r</i> =		

E.

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Filing Fee: \$25.00