

L10000079530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

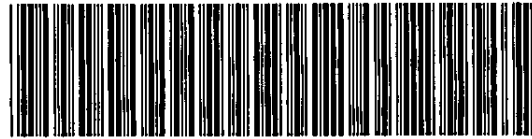
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TALLAHASSEE, FLORIDA

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NOV 30 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sullivan's Lawn Care, 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:

Shawn Sullivan

Name of Person

Sullivan's Lawn Care, LLC

Firm/Company

3144 Hidden Meadows Ct.

Address

Green Cove Springs, FL 32043

City/State and Zip Code

S-sullivan@bellsouth.net

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

For further information concerning this matter, please call:

Shawn Sullivan

Name of Person

at (904)

Area Code

591-0649

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**

Sullivan's Lawn Care, 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 7/30/10 and assigned Florida document number L10000079530.

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 contain 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)

3144 Hidden Meadows Ct.
Green Cove Springs, FL 32043

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3144 Hidden Meadows Ct.
Green Cove Springs, FL 32043

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:

Shawn Sullivan

New Registered Office Address:

3144 Hidden Meadows Ct.

Enter Florida street address

Green Cove Springs

City

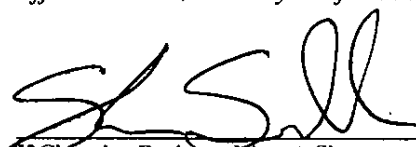
Florida

32043

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 605, 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)

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FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Shawn Edward Sullivan	3144 Hidden meadows Ct	☒ Add
		Green Cove Springs, FL 32043	☐ Remove
			☐ Change
MGR	Mark Ryan O'Steen	3051 Paddle Creek Dr.	☐ Add
		Green Cove Springs, FL 32043	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change

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TALLAHASSEE, FLORIDA

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

Ownership of Sullivan's Lawn Care, LLC has been transferred from Mark Ryan O'Steen to the new owner, Shawn Edward Sullivan. Please transfer license and EIN to Shawn Sullivan. Thank you for your prompt attention to this matter.

E. Effective date, if other than the date of filing: 11/23/16 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

November 23, 2016



Signature of a member or authorized representative of a member

Shawn Edward Sullivan

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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