

L10000079530

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JAN 23 2018

## 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:

Michael L. Brown

\_\_\_\_\_  
Name of Person

Patriot Property Solutions, LLC

\_\_\_\_\_  
Firm/Company

3299 Hidden Meadows Ct

\_\_\_\_\_  
Address

Green Cove Springs, FL 32043

\_\_\_\_\_  
City/State and Zip Code

patriotpw@yahoo.com

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

For further information concerning this matter, please call:

Michael L. Brown

360 929-7151  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2018 JAN 22 PM 2:07  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

**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 07/29/2010 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)**

3299 Hidden Meadows Ct

Green Cove Springs, FL 32043

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3299 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:

Michael L. Brown

New Registered Office Address:

3299 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

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	Michael L. Brown	3299 Hidden meadows Ct	<input checked="" type="checkbox"/> Add
		Green Cove Springs, FL 32043	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kristin M. Brown	3299 Hidden Meadows Ct	<input checked="" type="checkbox"/> Add
		Green Cove Springs, FL 32043	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shawn Edward Sullivan	3144 Hidden Meadows Ct	<input type="checkbox"/> Add
		Green Cove Springs, FL 32043	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**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 Shawn Edward Sullivan to Michael Luis Brown. Please transfer license and EIN to Michael Luis Brown. Thank you for your prompt attention to this matter.

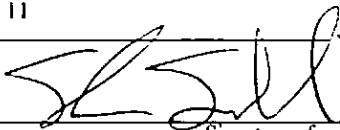
**E. Effective date, if other than the date of filing: January 1, 2018 (optional)**

(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 January 11, 2018



Signature of a member or authorized representative of a member

Shawn Edward Sullivan

Typed or printed name of signer