

L100000289153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

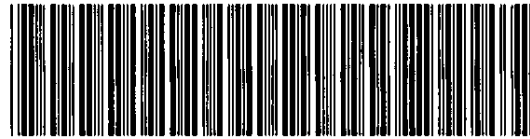
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400263260544

08/14/14--01007--007 **60.00

FILED

2014 AUG 14 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Oulligan AUG 14 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Evergreen Lawn Care Specialists, 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:

Neil Kennedy

Name of Person

Evergreen Lawn Care Specialists, LLC

Firm/Company

1500 Stonebriar Road

Address

Green Cove Springs, FL 32043

City/State and Zip Code

evergreenlawncares@yahoo.com

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

For further information concerning this matter, please call:

Neil Kennedy

Name of Person

at **240 520-8015**

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
2014 AUG 14 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Evergreen Lawn Care Specialists, 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 7/1/14 and assigned
Florida document number na.

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)

1500 Stonebriar Road

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 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:

Neil Kennedy

New Registered Office Address:

1500 Stonebriar Road

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 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> |
|--------------|----------------|------------------------------|--------------------------------------------|
| MGRM | Dwight Kennedy | 1667 Pebble Beach Blvd. | <input type="checkbox"/> Add |
| | | Green Cove Springs, FL 32043 | <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 |
| | | | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | |

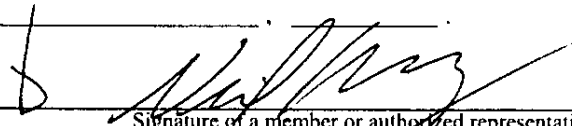
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please remove Dwight Kennedy from the business LLC. Neil Kennedy should be the sole

registered agent on this business. Please contact us directly with any questions.

E. Effective date, if other than the date of filing: 8/30/14 **(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 8/11/14



Signature of a member or authorized representative of a member
Neil Kennedy

Typed or printed name of signee

FILED
2014 AUG 14 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA