

L11000049584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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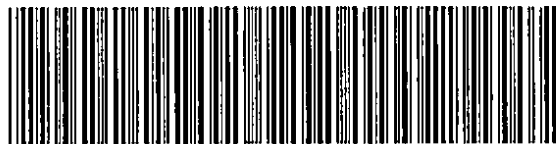
(Business Entity Name)

(Document Number)

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Y. SCOTT

JUL 23 2023

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Durkee Horticultural Services, 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:

Wayne Matthew Durkee

Name of Person

Durkee Horticultural Services, LLC

Firm/Company

166 Creekside Dr.

Address

St. Augustine, FL 32086

City/State and Zip Code

themattdurkee@gmail.com

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

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For further information concerning this matter, please call:

Wayne Matthew Durkee

904

237-2622

at ( )

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303


**If Changing Registered Agent, Signature of New Registered Agent**

**AMBR = Authorized Member**

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**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.

Dated May, 24th 2023

  
Signature of a member or authorized representative of a member

Wayne Matthew Durkee

**Filing Fee: \$25.00**