

## L110000 69842

	I
(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

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TO:

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	SGM Outdo	pors LLC		
SUBJECT	ľ:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	ırn all correspo	ndence concerning this matter	to the following:	
		Jason Martin		
		·	Name of Person	
		-	Firm/Company	
		4847 Berrywood Dr		
			Address	
		Orlando, FL 32812		
			City/State and Zip Code	
		dKbi KesOOb@		<del></del>
For further	r information e	E-mail address: ( oncerning this matter, please c	to be used for future annual report no all:	ufication)
Spurgeon	Martin		407 383-0466 at ( )	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed i	s a check for th	ne following amount:		
₩ \$25.00	0 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)
	Jailing Addres		Street Address: Registration S	ection
	Registration S Division of C		Division of Co	
Į.	O. Box 632	7	The Centre of	Tallahassee
Τ	fallahassee, I	FL 32314	2415 N. Monn	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JASON D MARTIN LANDSCAPING 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 06/15/2011 \_\_\_\_\_ and assigned Florida document number L11000069842 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SGM Outdoors LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address \_, Florida <u>\_\_</u>

## 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.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			(Change
			□Add
			□Remove
		<del></del>	☐Change
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fective	date, if other than the date of filing: (optional)  ve 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 605.020
n effectionte: If t	ve 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 605.020 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	's effective date on the Department of State's records.
ecord sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited	June 73 2024
	June 73 2024.
	Signature of a member or authorized representative of a member
	Tasca Martia Typed or printed name of signee

Filing Fee: \$25.00