## L11000090837

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J. BRYAN

DEC -2 2011

**EXAMINER** 

## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Co	orporations		
SUBJECT:	s&l remode	el and lawncare llc.	
SOBJECT:		ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
		kenneth scott lykins	
		Name of Person	
	s&l r	emodel and lawncare llc.	7. 28
		Firm/Company	器言力
		p.o. box 951	WILLAHASSEE, FLORII
		Address	ETARY OF ASSEE, F
		lake wales, fl. 33859	明是它
	**************************************	City/State and Zip Code	
	p	eak151@yahoo.com	Ž —
		to be used for future annual report notifica	ition)
For further information	concerning this matter, please of	call:	
kenr	neth scott lykins	at ( 309 ) 6	20-2933
Name	of Person	Area Code & Daytime T	Celephone 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)
	LING ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:
Division of Corporations P.O. Box 6327		Division of Corporati Clifton Building	ions

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	emodel and lawncare lic		15 - M
(Name of the Limited L (A	iability Company as it now appear Iorida Limited Liability Company)	s on our records.)	两里
The Articles of Organization for this Limited Lia	bility Company were filed on	august 23, 2011	and assigned
Florida document number L110000968	337		P
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company her	<u>e</u> :	
	Cain Remodel LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applical			<del> </del>
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE Be	<u> </u>		
		• • • • • • • • • • • • • • • • • • • •	
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, enter th	e name of the new
Tesistered agent and/or the new registered orn	te aguiess here.		
Name of Nam Desistered Assets			
Name of New Registered Agent:	<del>*************************************</del>		
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City		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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

**Title** <u>Name</u> **Address Type of Action MGRM** Lisa A. Lykins po box 951 ☐ Add ✓ Remove lake wales, fl. 33859 ☐ Add Remove ☐ Add Remove □ Add Remove ∏Add Remove ∏Add ∏Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) november 25 2011 Dated\_ Signature of a member or authorized representative of a member kenneth scott lykins Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00