

LI1000098606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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(Business Entity Name)

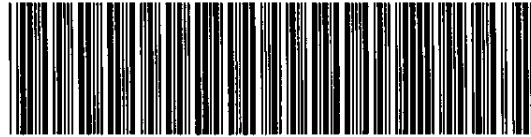
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12 OCT -8 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Cuilligan OCT - 9 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulf Shores 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:

David Guadagnoli
Name of Person

Gulf Shores Lawn Care
Firm/Company

2718 26th AVE N.
Address

St. Petersburg FL. 33713
City/State and Zip Code

bodyman 211 @ Yahoo . Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Guadagnoli at (727) 871-4955
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/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

12 OCT -8 AM 11:55

Gulf shores lawn Care LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 29 2011 and assigned
Florida document number L11000098606.

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)

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:

David Guadagnoli

New Registered Office Address:

2718 26th Ave N.

Enter Florida street address

St. Petersburg
City

Florida

33713

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.

David Guadagnoli
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	Name	Address	Type of Action
MGRM	Edward Hood	1012 Freemont ST S Gulfport, FL 33707	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Brandon Hood	1012 Freemont ST S Gulfport FL 33707	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	David Guadagnoli	2718 26th AVE N. St Petersburg FL 33713	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Mary Guadagnoli	2718 26th AVE N. St Petersburg FL 33713	<input checked="" 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)

FILED
12 OCT -8 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____, _____.

David Guadagnoli
Signature of a member or authorized representative of a member
David Guadagnoli
Typed or printed name of signee