

211000126823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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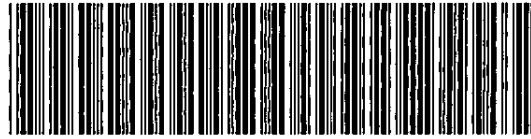
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EXAMINER



700226133877

03/29/12--01040--003 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 12 AM 8:40



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2012

MARIA PANDELE
P.O. BOX 633
RIVERVIEW, FL 33568

SUBJECT: AMERILAWN PRESSURE WASHING LLC
Ref. Number: L11000126823

We have received your document for AMERILAWN PRESSURE WASHING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Registered Agent cannot have a P.O. Box address. Please resubmit your filing with a FLORIDA STREET ADDRESS listed for the Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 612A00010702

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DIVISION OF CORPORATIONS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERILAWN PRESSURE WASHING LLC/EIN 45-3784065
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:

TIM GARRETSON
Name of Person

Firm/Company

P. O. Box 633
Address

RIVERVIEW, FL 33568
City/State and Zip Code

AMERILAWN2@GMAIL.COM
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 12 AM 8:40

For further information concerning this matter, please call:

TIM GARRETSON at (813) 399-6907
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)
- ↳ ALREADY PAID

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

AMERILAWN PRESSURE WASHING 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 11/7/2011 and assigned

Florida document number L11000126823

SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 12 AM 08:10

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AMERI-LAWN GROUNDS MAINTENANCE LLC

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:

MARIA PANDELE

New Registered Office Address:

13407 GRAHAM YARDEN DRIVE

Enter Florida street address

RIVERVIEW

City

Florida

33579

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.

[Signature]
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA PANDELE	13407 GRAHAM YARDEN DRIVE, RIVERVIEW, FL 33573	<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
_____	_____	_____	<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.)*

Dated _____, _____

/s/ MARIA PANDELE

Signature of a member or authorized representative of a member

Maria Pandeale

Typed or printed name of signee