

L11000137808

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 14 2013

J. BRYAN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAWN PRO'S PLUS 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:

Omar Hemmali

Name of Person

ANDREWS AND HEMMALI LLC

Firm/Company

PO BOX 940459

Address

Maitland, FL 32794

City/State and Zip Code

andrews.and.hemmali@gmail.com

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

For further information concerning this matter, please call:

Omar Hemmali

Name of Person

407 900-6627

at ()

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LAWN PRO'S PLUS 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 December 07, 2011 and assigned
Florida document number L11000137808.

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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)

8505 Cedar Cove Ct
Orlando, FL 32819

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 940459
Maitland, FL 32794-0459

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: Omar Hemmali

New Registered Office Address: 8505 Cedar Cove Ct

Enter Florida street address

Orlando

City

, Florida 32819

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HALL, JON M	401 E. ORCHID WAY	<input type="checkbox"/> Add
		HOWEY-IN-THE-HILLS, FL 34737	<input checked="" type="checkbox"/> Remove
MGRM	HALL, BETHANY L	401 E. ORCHID WAY	<input type="checkbox"/> Add
		HOWEY-IN-THE-HILLS, FL 34737	<input checked="" type="checkbox"/> Remove
MGRM	ANDREWS AND HEMMALI LLC	PO BOX 940459	<input checked="" type="checkbox"/> Add
		MAITLAND, FL 32794-0459	<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

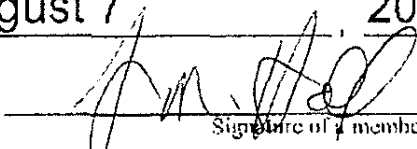
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 7, 2013



Signature of a member or authorized representative of a member

JON M. HALL

Typed or printed name of signer

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Filing Fee: \$25.00

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