

L120000 94378

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(Address)

(Address)

(City/State/Zip/Phone #)

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2018 DEC 21 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 08 2019
C. R. R. R.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TruBlu Lawn Care, LLC
Name of Limited Liability Company

2018 DEC 21 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley Barnhart
Name of Person

Firm/Company

39710 Crest Haven Ct
Address

Umatilla, FL 32784
City/State and Zip Code

TruBlulawncare@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Barnhart at (352) 409-3273
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2018 DEC 21 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TruBlu Lawn Care, 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 July 20, 2012 and assigned Florida document number L12000094378.

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 contain 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**)

14200 County Rd 450
Umatilla, FL 32784

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

14200 County Rd. 450
Umatilla, FL 32784

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:

Ashley Barnhart

New Registered Office Address:

39710 Crest Haven Ct

Enter Florida street address

Umatilla

City

Florida

32784

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 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.

Ashley Barnhart

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Shaina Buschor	15302 Willow Ln	<input type="checkbox"/> Add
		Tavares, FL 32778	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AK	Joseph Buschor	15302 Willow Ln	<input type="checkbox"/> Add
		Tavares, FL 32778	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ashley Barnhart	39710 Crest Haven Ct	<input checked="" type="checkbox"/> Add
		Umatilla FL, 32784	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Donald Taylor	14200 County Rd. 450	<input checked="" type="checkbox"/> Add
		Umatilla FL, 32784	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Shaina Buschor
Typed or printed name of signee