

L12000120570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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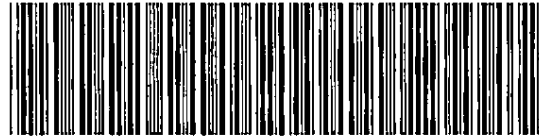
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DreamLawns and Landscaping, 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:

\_\_\_\_\_  
Evelyn Rogers

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
DreamLawns and Landscaping, LLC

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
P.O. Box 7586

\_\_\_\_\_  
Address

\_\_\_\_\_  
Seminole, FL 33775

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
info@stpetelawn.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Evelyn Rogers

\_\_\_\_\_  
Name of Person

at ( 727 )

\_\_\_\_\_  
Area Code

251-7755

\_\_\_\_\_  
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**

DreamLawns and Landscaping, 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 09/20/2012 and assigned  
Florida document number L12000120570.

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:

4804 95th Street N

(Principal office address MUST BE A STREET ADDRESS)

St. Petersburg, FL 33708

Enter new mailing address, if applicable:

P.O. Box 7586

(Mailing address MAY BE A POST OFFICE BOX)

Seminole, FL 33775

**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:

Evelyn Rogers

New Registered Office Address:

4804 95th Street N

*Enter Florida street address*

St. Petersburg

*City*

Florida

33708

*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.*

Evelyn Rogers

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>
MGR	Scott Caswell	10453 50th Ave Cir N	<input type="checkbox"/> Add
		St Petersburg, FL 33708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Bethany Caswell	10453 50th Ave Cir N	<input type="checkbox"/> Add
		St Petersburg, FL 33708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Attached Confirmation of LLC Registration  
and transaction receipt of \$200. Registration  
fee processed. As well Electronic Article  
of Organization for LLC. The name  
on the LLC was entered incorrectly.

Amendment removing ~~Sabet~~ & Beth Caswell  
from company LLC.

Should you need any more documentation  
or have any questions please  
Call me Evelyn @ 727-251-7755

Thanks So Much

17 DEC 27 AM 7:49  
STATE OF FLORIDA  
DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated December 21, 2017

*BCaswell*

Signature of a member or authorized representative of a member

Bethany Caswell

Typed or printed name of signee