(Rec	questor's Name)	
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(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

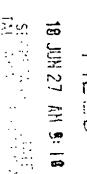
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H. WHITE JUN 2 9 2018



June 19, 2018

ELSA GELMAN 15665 SW 117 AVE MIAMI, FL 33177

SUBJECT: MITCHELL'S LAWN, LLC

Ref. Number: L13000059476

We have received your document for MITCHELL'S LAWN, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 818A00012784

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corporation			
SUBJ	ECT:	Mitche Name of Limi	11'5 Lawn L	LC.
The er	nclosed Articles of An	nendment and fee(s) are subr	nitted for tiling.	
Please	return all corresponde	ence concerning this matter t	to the following:	
			15a Gelm Name of Person	<u> </u>
		mita	Chell's Law	nlic
		15465	SW 117	aue
			City/State and Zip Code	
		mitchells E-mail address: (i	o be used for future annual repo	mal com
For fu	rther information cond	cerning this matter, please co	ali:	
	ElSG G16 Name of Po	alman.	at (<u>305</u>) <u>73.</u> Area Code — I	3 _ QQQ Daytime Telephone Number
Englo	sed is a check for the t	following amount:		
\$:	25.00 Filing Fee	S30.00 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

OF ARTICLES OF ORGANIZATION JUH 27 AM 9: 18 OF

Mitchell's Lawn	LLC. TALL A A TOTAL AND A STATE OF THE STATE
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LV300005947</u> 6	the control of the co
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 of registered agent and/or the new registered office address here	Tice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florula street address
	, Florida

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.

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>	Address	Type of Action
<u>D</u>	Rico Connolly	15665 SW 117 QUE MIGMI, FI 33177	DAdd
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Effect	ive date, if other than the date of filing:
man en <u>Note:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docur	ent's effective date on the Department of State's records.
ne re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The	90th day after the record is filed.
Dated	JUNE 25 2018.
	JUNE 25 . 2018.
	Signature of a member or authorized representative of a member
	figurative in a member in authorized representative in a member
	Elsa Gelman. Typed or printed name of signee

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Page 3 of 3

Filing Fee: \$25.00