

L13000123866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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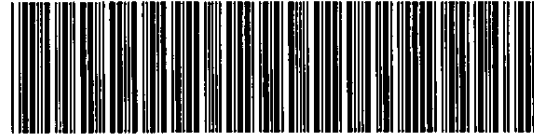
(Business Entity Name)

(Document Number)

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16 DEC 29 AM 7:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: EXTRA HANDS LAWN CARE & MORE 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:

ZACHARY Andrews

Name of Person

N/A

Firm/Company

6797 Hemlock rd

Address

Ocala FL ~~34472~~ 34472

City/State and Zip Code

~~APL~~ APlusCurbing4@gmail.com

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

For further information concerning this matter, please call:

ZACHARY Andrews

Name of Person

at (352)

Area Code

274-5635

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**

EXTRA HANDS LAWN CARE & MORE 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 8/30/13 and assigned
Florida document number L13000123866.

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)

6797 Hemlock rd, Ocala, FL
34472

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6797 Hemlock rd, Ocala, FL
34472

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:

ZACHARY Andrews

New Registered Office Address:

6797 Hemlock rd

Enter Florida street address

Ocala

City

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

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TALLAHASSEE FLORIDA

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	JARED CRENSHAW	5332 GREAT EGRET DR	<input type="checkbox"/> Add
		LEESBURG FL 34748	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SHANNON CRENSHAW	5332 GREAT EGRET DR	<input type="checkbox"/> Add
		LEESBURG FL 34748	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ZACHARY Andrews	6797 Hemlock rd	<input type="checkbox"/> Add
		Ocala FL, 34472	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Michael Andrews	14145 Se Hwy 301,	<input type="checkbox"/> Add
		Summersfield, FL 34491	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Melissa Andrews	6797 Hemlock rd,	<input type="checkbox"/> Add
		Ocala FL, 34472	<input type="checkbox"/> Remove
			<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.)

CHANGE OF HAND OF BUSINESS
TO TAKE PLACE 1/1/17

16 DEC 29 AM 7:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: 1/1/17 (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 23, 2017

Signature of a member or authorized representative of a member

JARED CRENSHAW
Typed or printed name of signee

ZACHARY ANDREWS