

U3000135442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

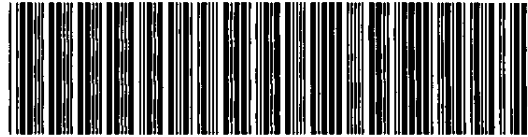
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 29 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Reynolds & Hadley 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:

Joel R Reynolds
Name of Person

Firm/Company

10 Greenpark Blvd
Address

Homosassa FL 34446
City/State and Zip Code

Jrreynolds10728@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Reynolds
Name of Person

at (352)
Area Code

345-3407
Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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**

Reynolds & Hadley 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 9-25-2013 and assigned Florida document number L13000135442.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Joel Reynolds LLC

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)

10 Greenpark Blvd

Homosassa FL 34446

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Joel Reynolds

New Registered Office Address:

10 Greenpark Blvd

Enter Florida street address

Homosassa

City

, Florida

Zip Code

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TALLAHASSEE, 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.

Joel Reynolds
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
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40% owner	Chris Hadley	6781 W. Ost West St	<input type="checkbox"/> Add
		6781 W. OST West St	<input checked="" type="checkbox"/> Remove

10% Owner	Brandon L Hadley		<input type="checkbox"/> Add
		6039 S Jigsaw St	<input checked="" type="checkbox"/> Remove
		Homosassa FL	

			<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.)

Change Joel Reynolds to 100% owner

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 1-13-15, _____.

Joel Reynolds
Signature of a member or authorized representative of a member

Joel Reynolds
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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