

L13000155308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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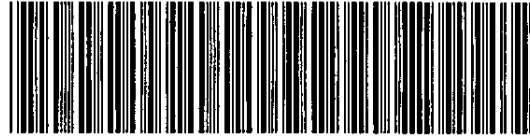
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 01 2015  
J SHIVERS

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: **A&M LAWN AND LANDSCAPE 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:

**ROGER A AVERY**

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

**A&M LAWN AND LANDSCAPE LLC**

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

**4966 40TH AVENUE NORTH**

\_\_\_\_\_  
Address

**ST PETERSBURG, FLORIDA, 33709**

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

**rogergreenlawn@gmail.com**

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

For further information concerning this matter, please call:

**ROGER A AVERY**

**727 678-2775**  
at ( )

\_\_\_\_\_  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

A&M LAWN AND LANDSCAPE 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 11/05/2013 and assigned  
Florida document number L13000155308.

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)**

4966 40TH AVENUE NORTH

ST PETERSBURG FL. 33709

**Enter new mailing address, if applicable:**

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

4966 40TH AVENUE NORTH

ST PETERSBURG FL. 33709

**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:

ROGER A AVERY

New Registered Office Address:

4966 40TH AVENUE NORTH

*Enter Florida street address*

ST PETERSBURG

*City*

Florida

*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.*

*(Signature)*  
**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>
MGRM	TREVOR MERCER	9539 HIGHLAND RIDGE DR	<input type="checkbox"/> Add
		HUDSON FL 34667	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	JOSHUA D HARPER	4650 86TH AVENUE NORTH	<input checked="" type="checkbox"/> Add
		PINELLAS PARK FL. 33782	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 AUG 20 AM 8:00  
UNIT DEPT OF SIA  
244 AM ASST/ELOR


15 AUG 20 AM 8:00  
DEPT. OF STATE  
ASSIST. SECRETARY  
FOR AFFAIRS

07/01/2015

**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.

Dated AUGUST 24, 2015

AUGUST 24, 2015

  
Signature of a member or authorized representative of a member

ROGER A AVERY  
Typed or printed name of signee