

L14000025978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

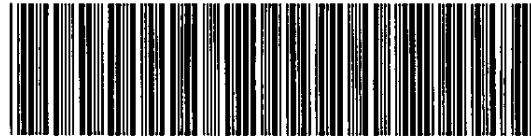
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only

Gine Rodriguez GAVE
AUTHORIZATION BY PHONE TO
CORRECT *Amend*
DATE *10/17/14*
DOC. EXAM *P*



600263438836

09/24/14--01005--003 **25.00

FILED
14 OCT 7 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15/09/2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Edwin's Grand Slam Lawn Care 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:

Edwin Rodriguez

Name of Person

Edwin's Grand Slam Lawn Care LLC

Firm/Company

140 Hanging Moss Drive

Address

Oviedo, Florida 32765

City/State and Zip Code

acereyes8@gmail.com

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

For further information concerning this matter, please call:

Gina Rodriguez

Name of Person

407 470-4569

at ()

Area Code

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2014

EDWIN RODRIGUEZ
140 HANGING MOSS DRIVE
OVIEDO, FL 32765

SUBJECT: EDWIN'S GRAND SLAM LAWN CARE LLC
Ref. Number: L14000025978

We have received your document for EDWIN'S GRAND SLAM LAWN CARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 214A00020884

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Edwin's Grand Slam Lawn Care 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 2/14/2014 and assigned Florida document number L14000025978.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
14 OCT 7 PM 6:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

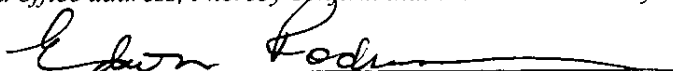
Name of New Registered Agent: Edwin Rodriguez

New Registered Office Address: 140 Hanging Moss Drive
Enter Florida street address

Oviedo, Florida 32765
City 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.


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>
Member-MBR	Erik Flores ✓	140 Hanging Moss Drive	<input type="checkbox"/> Add
		Oviedo, FL 32765	<input checked="" type="checkbox"/> Remove
Manager	Erik Flores ✓	140 Hanging Moss Drive	<input checked="" type="checkbox"/> Add
		Oviedo, Florida 32765	<input type="checkbox"/> Remove
Member-MBR	Gina Rodriguez	140 Hanging Moss Drive	<input type="checkbox"/> Add
		Oviedo, Florida 32765	<input checked="" type="checkbox"/> Remove
Manager	Gina Rodriguez	140 Hanging Moss Drive	<input checked="" type="checkbox"/> Add
		Oviedo, Florida 32765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

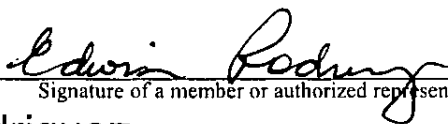
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 14 OCT - 71 PM '05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

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 September 16, 2014



Signature of a member or authorized representative of a member

Edwin Rodriguez

Typed or printed name of signee

FILED
14 OCT - 7 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA