

L14000042354

(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:

Office Use Only



100301344061

07/19/17--01015--024 \*\*25.00

FILED  
JUL 19 PM 5:10

D. SCOTT  
JUL 24 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Helms AND CARTER LAWN CARE AND 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:

MATTHEW H. CARTER  
Name of Person  
Helms AND CARTER LAWN CARE AND LANDSCAPING, LLC  
Firm/Company  
122 Del Rio Drive  
Address  
Quincy FL 32352  
City/State and Zip Code  
MCARTER2011@TDS.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW H. CARTER at 850 868 0120  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
☐ \$30.00 Filing Fee & Certificate of Status  
☐ \$35.00 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

FILED  
JUL 19 PM 5:10

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Helms AND CARTER LAWN CARE AND 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 3/14/14 and assigned  
Florida document number L14000042354

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)

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:

ZACHARY DAVID Helms

New Registered Office Address:

339 North Ninth Street

Enter Florida street address

Quincy

City

Florida

32351

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

FILED  
JUL 19 PM 5:10

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>
AMBR	MATTHEW H. CARTER	122 Del Rio DR QUINCY FL 32352	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MATTHEW H. CARTER	122 Del Rio DR QUINCY FL 32352	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
JUL 19 PM 5:10

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

New PRINCIPAL OFFICE Address:

339 North Ninth Street  
Quincy FL 32351

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


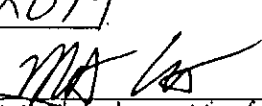
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 June 12 2017

  X 7/2/17 7/12/17

Signature of a member or authorized representative of a member

MATTHEW H. CARTER

Typed or printed name of signer

ZACHARY DAVID HELMS

Page 3 of 3

Filing Fee: \$25.00

FILED  
JUL 19 PM 5:10