

L140000066777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

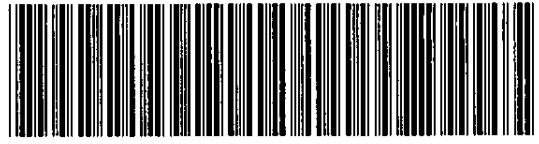
(Business Entity Name)

(Document Number)

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16 APR 18 PM 2:52  
TALLAHASSEE, FLORIDA

APR 19 2016  
Y SULKER

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LYNDE BEVERAGE SERVICES 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:

DANIEL GOMORI

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

DANNY'S LAWN AND GARDEN CARE

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

17103 SE 110TH COURT RD

\_\_\_\_\_  
Address

SUMMERFIELD FL 34491

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

dglawns13@gmail.com

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

For further information concerning this matter, please call:

DANIEL GOMORI

772 766 4040

at ( )

\_\_\_\_\_  
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       \$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**

LYNDE BEVERAGE SERVICE 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 04/21/14 and assigned Florida document number L14000066777.

This amendment is submitted to amend the following:

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

DANNY'S LAWN AND GARDEN CARE LLC

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:**

17103 SE 110TH CT RD

**(Principal office address MUST BE A STREET ADDRESS)**

SUMMERFIELD FL 34491

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

P.O. BOX 969

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

LADY LAKE FLORIDA 32159

**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:

DANNY GOMORI

New Registered Office Address:

17103 SE 110TH COURT RD

*Enter Florida street address*

SUMMERFIELD

*City*

, Florida 34491

*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.*

*Danny Gomori*  
**If Changing Registered Agent, Signature of New Registered Agent**

*Daniel Gomori*

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	SHERRE LYNN ROHRBAUGH	17103 SE 110TH CT RD	<input checked="" type="checkbox"/> Add
		SUMMERFIELD FL 34491	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KENNETH DAMON	17103 SE 110TH CT RD	<input type="checkbox"/> Add
		SUMMERFIELD FL 34491	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

5 APR 10 11:27 AM  
 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE

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

Multiple horizontal lines for amending information.

16 APR 18 PM 2:52  
SHERRE ROHRBAUGH

E. Effective date, if other than the date of filing: 04/15/16 (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 April 15, 2016.

Sherre L Rohrbaugh  
Signature of a member or authorized representative of a member

SHERRE ROHRBAUGH  
Sherre Rohrbaugh  
Typed or printed name of signee