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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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### **COVER**; LETTER

TO: Registration Se Division of Cor		•	•
SUBJECT: D	unny'S Lawn (Name of Lim	Garden Care Li	<u>C.</u>
	·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	$R_{t}$
	Danis	Name of Person	<u> </u>
	,	Name of Person	
	Danny's L	awn and Sarder Firm/Company	Cere UC
	17103 SE110	Address	
	Summerfiel	City/State and Zip Code	
		of a mail, com to be used for future annual report not	
For further information c	oncerning this matter, please ca	_	, which is a second of
	Smoe'	14 7047 7	
Name o	f Person	at (772) / 69 Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 ORGANIZATION OF

		Parala Cal		
Danny S LAU (Name of the Limited	Liability Company as	it now appears on o	ur records.)	
The Articles of Organization for this Limited Liab Florida document number	bility Company were			and assigned
This amendment is submitted to amend the follow	ving:	,		
A. If amending name, enter the new name of t	he limited liability	company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability Co	ompany," the designa	tion "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:			# T
(Principal office address MUST BE A STREET	ADDRESS)	,	Z.Z.	
	_			<u> </u>
	,		± 51	ָס פּ
Enter new mailing address, if applicable:			72 A	- <del></del>
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		<b>&gt;</b>	0
Name of New Registered Agent:	Danie/	Gomori		
New Registered Office Address:	17/03 5	E 110th	14. Rd.	
		Enter Florida str	·	
	( )	11	eet address	24401
	Summer +1	ield City	eet address , Florida _	3449/ Zip Code
New Registered Agent's Signature, if changing Re		reld City	eet address	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this ch	egistered Agent: agent and agree to r and complete perfered agent as prove	City  act in this capac  formance of my d  ided for in Chapt	eet address, Florida city. I further a; uties, and I am er 605, F.S. O;	Zip Code gree to comply with t familiar with and r, if this document is
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MGR = Ma	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Daniel Gomori	17103 SE110+64 RO	Add
		Summerfield, FL 344	<u>191</u> □ Remove
			Change
AMBR	Sherre Rohrbaugh	17103 SE 110+h Ct. Ra	∕_□ Add
		Summerfield, FL 3440	7/□ Remove
		· <u></u>	Change
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