

L14000066777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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2016 MAY 11 P 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY 12 2016

SWARREN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Danny's Lawn Garden 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:

Daniel Somori
Name of Person

Danny's Lawn and Garden Care LLC
Firm/Company

17103 SE 110th Ct 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 Somori at (772) 766-4040
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

TO
ARTICLES OF ORGANIZATION
OF

Danny's Lawn and Garden LLC. ^{Care}

(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 4/21/14 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:

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)

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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:

Daniel Gomori

New Registered Office Address:

17103 SE 110th Ct. 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.

I state I am familiar and accept the obligations of the position -

Daniel Gomori

Daniel Gomori

Daniel Gomori

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Daniel Gomori</u>	<u>17103 SE 110th Ct. Rd.</u>	<input checked="" type="checkbox"/> Add
		<u>Summerfield, FL 34491</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Sherre Rohrbaugh</u>	<u>17103 SE 110th Ct. Rd.</u>	<input type="checkbox"/> Add
		<u>Summerfield, FL 34491</u>	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TAMARAC, FLORIDA

