

L14000071782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

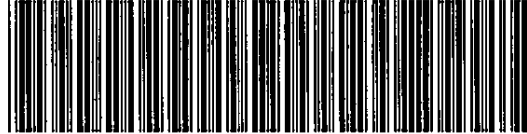
(Business Entity Name)

(Document Number)

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16 AUG 12 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 15 2016  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Associated 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:

Carlos Ruiz  
Name of Person

Associated Lawn Care LLC  
Firm/Company

8508 Valencia Village LN #306  
Address

Orlando FL 32825  
City/State and Zip Code

JREARLES@BELLSOUTH.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Ruiz at (407) 692-5432  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Associated 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 8/8/2016 and assigned  
Florida document number L14000071782

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)

8508 Valencia Village LN  
# 306  
Orlando, FL 32825

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8508 Valencia Village LN  
# 306  
Orlando FL 32825

**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:

Carlos Ruiz

New Registered Office Address:

8508 Valencia Village LN # 306  
Enter Florida street address  
Orlando, Florida 32825  
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.

Carlos Ruiz  
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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         | Brian Viejo | 469 Oberry Hoover | <input type="checkbox"/> Add               |
|              |             | Orlando, FL 32825 | <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            |
|              |             |                   | <input type="checkbox"/> Add               |
|              |             |                   | <input type="checkbox"/> Remove            |
|              |             |                   | <input type="checkbox"/> Change            |

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STATE OF FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

[illegible]

**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.

(b) The 90th day after the record is filed.

Dated August 9, 2016.

Signature of a member or authorized representative of a member

Carlos Ruiz  
Typed or printed name of signee

STATE  
FLORIDA

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