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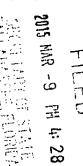
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COVER LETTER

Division of Corp	oorations , '		
Bay Lawr	n Care LLC		
	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspor	ndence concerning this matter t	to the following:	
}			
	Tony Goodman		
	r	Name of Person	
	Bay Lawn Care LLC		
		Firm/Company	
	9433 Hwy 2301		
	···	Address	· · · · · · · · · · · · · · · · · · ·
	Youngstown, FL 324	66	
		City/State and Zip Code	
	tonygoodman@live.co		
	·	o be used for future annual report notification	ation)
For further information co	oncerning this matter, please ca	ll:	
Tony Goodman		850 624-LAWN	
Name of	Person		elephone Number
Enclosed is a check for the	e 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:

TO:

Registration Section

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

FILED

·2015 MAR -9 PM 4: 29

Bay Lawn Care LLC

SECHETARY OF STATE TALEAHASSEE, FLORIDA

(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 Compar	ny were filed on 2/09/20	015 and assigned
Florida document number L14000097881		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
Bay Lawn Care & Tractor LLC		
The new name must be distinguishable and end with the words "Limited L	iability Company," the design	ation "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)	 	
	- 181	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		records, enter the name of the nev
The Man Population and Control of the Control of th	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	eet address
	City	, Florida
New Registered Agent's Signature, if changing Registered Ager	<u>.</u> nt:	·

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Remove
			□ Add
			L Add
			Remove
			□ Remove
			□ Add
			□ Remove
			
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			☐ Remove
			
			□ Remove
			Littleye

amending any other information	on, enter change(s) here: (Attach a	dditional sheets, if necessary.)
·		
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'ffective date if other than the d	ate of filing:	(optional)
The effective date must be specific, cannot the date this document is filed by the Flori	be prior to date of receipt or filed date and ca	annot be more than 90 days after
Dated	2015	
Long O	x Que	
, ,	gnature of a member or authorized represen	ntative of a member
Tony Goodman		
	Typed or printed name of sig	

Page 3 of 3

Filing Fee: \$25.00

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