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(Address)

(Address)

(City/State/Zip/Phone #)

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2015 APR -7 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

APR 24 2014

C. CARROTHERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Prime Plus Lawn Care & 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:

Tyrone D. Williams

Name of Person

Prime Plus Lawn Care & Services

Firm/Company

10741 Banfield Drive

Address

Riverview, FL 33579

City/State and Zip Code

primepluslawnandservices@gmail.com

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

For further information concerning this matter, please call:

Tyrone D. Williams

813 732-0426

Name of Person

at (_____) _____
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

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CLERK OF DISTRICT COURT
JAILLASSER, FLORIDA
an assistant

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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

MGR = Manager
AMBR = Authorized Member

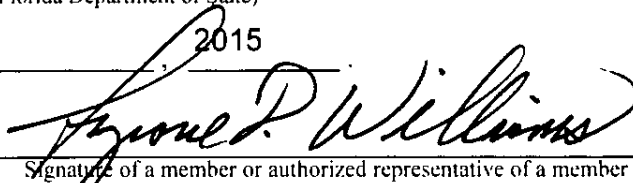
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Marcus J. Boderick	77 Cayuga Road	<input checked="" type="checkbox"/> Add
		Bordentown, NJ 08505	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3 March, 2015



Signature of a member or authorized representative of a member

TYRONE D. WILLIAMS

Typed or printed name of signee