

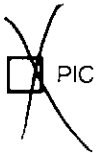
L15000080787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



☒ PICK-UP

☐ WAIT

☐ MAIL

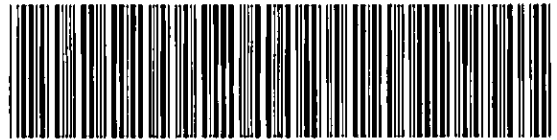
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
18 JUN -6 AM 7:35
RECEIVED
18 JUN -6 PM 3:39
STATE OF ARIZONA
CLERK OF SUPERIOR COURT

κ SALY
JUN 7 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M & M Hardy, 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:

Denay Brown

Name of Person

Messer Caparello, PA

Firm/Company

2618 Centennial Place

Address

Tallahassee, Florida 32308

City/State and Zip Code

dbrown@lawfla.com

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

For further information concerning this matter, please call:

Denay Brown

850

425-5209

at (_____) _____

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
18 JUN -6 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M & M Hardy, 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 4/30/2015 and assigned
Florida document number L15000080787.

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)

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: Mark Ryan, CPA

New Registered Office Address: 2878 Mahan Drive

Enter Florida street address

Tallahassee

City

Florida 32308

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.


If Changing Registered Agent, Signature of New Registered Agent

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>
MGRM	Melissa Hardy	1132 Green Hill Tree	<input type="checkbox"/> Add
		Tallahassee, FL 32317	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Michael Hardy	1132 Green Hill Tree	<input type="checkbox"/> Add
		Tallahassee, FL 32317	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARBORWORKS, LLC	1360 HILL N DALE DRIVE S.	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALL AMERICAN TREE PRO, LL	105 FOUR POINTS WAY	<input checked="" type="checkbox"/> Add
		TALLAHASSEE, FL 32305	<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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
18 JUN -6 AM 7:36
SEAL OF THE STATE
OF FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 JUNE 4 2018

Signature of a member or authorized representative of a member

Michael Hardy

Michael J. Cross

Typed or printed name of signee