

L500090861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200283056452

03/15/16--01005--023 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR 14 PM 4:26

2016 MAR 14 AM 7:58
TALLAHASSEE, FLORIDA

MAR 15 2016
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Image - Lawncare 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:

Thomas L. Miller
Name of Person

New Image - Lawncare LLC
Firm/Company

P.O. Box 126
Address

Indian Rocks Beach, FL 33785
City/State and Zip Code

thomaslmiller89@gmail.com
E-mail address: (to be used for future annual report notification)

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 MAR 14 PM 4:26

For further information concerning this matter, please call:

Thomas L. Miller at (616) 340-1120
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**

New Image - 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 05/22/2015 and assigned Florida document number L15000090861

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 "LLC."

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:

Thomas L. Miller

New Registered Office Address:

415 Belle Isle Ave

Enter Florida street address

Bellair Beach

City

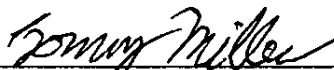
Florida

FL 33786

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>
--------------	-------------	----------------	-----------------------

MGR	Donna J. Amante	38046 8 th Ave	☐ Add
-----	-----------------	---------------------------	------------------------------

		Zephyrhills FL	☒ Remove
--	--	----------------	--

33542

☐ Change

MGR	Thomas L. Miller	415 Belle Isle Ave	☒ Add
-----	------------------	--------------------	---

		Belleair Beach FL	☐ Remove
--	--	-------------------	---------------------------------

33786

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

FILED
STATE
SECRETARY OF
FLORIDA
MAY 14 2014
TALLAHASSEE, FLORIDA

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

16 MAR 14 PM 14:20

FILED STATE
DEPT OF FLORIDA
SECRETARY
TALLAHASSEE
16 MAR 14 PM 4:26

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated _____,

Signature of a member or authorized representative of a member

Donna J. Amante

te Donna O'neal
Typed or printed name of signer

Typed or printed name of signee

02/10/16