

L15000139859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 06 2016
J. HARRIS

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: One Guard 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:

Anthony L. Anderson
Name of Person

Firm/Company

216 Ryhill Way
Address

Palm Coast, FL 32164
City/State and Zip Code

Anthonyanderson22@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony L. Anderson at (386) 302-7815
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

**TO
ARTICLES OF ORGANIZATION
OF**

One Guard 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 08/17/2015 and assigned Florida document number L15000139859

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

One Guard Landscape Services, LLC

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)

500 Court Street
Unit #6
Bunnell, FL 32110

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 353804
Palm Coast, FL 32135

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:

Anderson, Anthony L.

New Registered Office Address:

500 Court Street Unit #6

Enter Florida street address

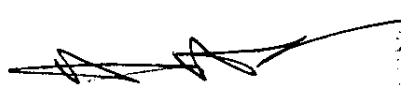
Bunnell, Florida 32110

City

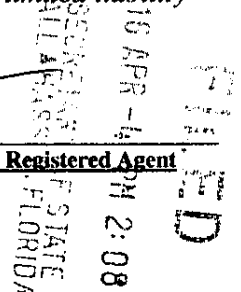
Zip Code

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.



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>
AMBR	Anderson, Anthony L.	P.O. Box 353804	<input type="checkbox"/> Add
		Palm Coast, FL 32135	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Anderson, Jarrod L.	P.O. Box 353804	<input checked="" type="checkbox"/> Add
		Palm Coast, FL 32135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cooper, Arthur	P.O. Box 351721	<input type="checkbox"/> Add
		Palm Coast, FL 32135	<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

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TALLAHASSEE, FLORIDA
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Please add FEI/EIN Number to
Articles of Organization, filing
Information:

EIN: 47-4838493

(Documents are attached)

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

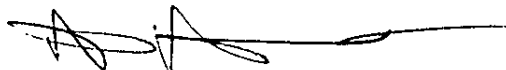
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 March 28, 2010.



Signature of a member or authorized representative of a member

AMBR, Anthony L. Anderson

Typed or printed name of signee

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TALLAHASSEE, FLORIDA