

L15000/85571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

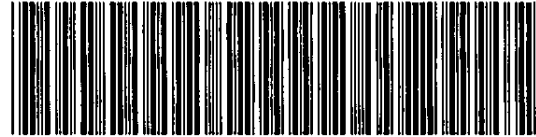
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200293488832

01/03/17--01036--027 **55.00

FILED

2017 JAN -3 P 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JAN 05 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A FAMILY AFFAIR LANDSCAPING 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:

RONALD O. DUFFY

Name of Person

AFA LANDSCAPING

Firm/Company

2872 MESSINA AVE SUITE: B

Address

ORLANDO, FL 32811

City/State and Zip Code

AFALANDSCAPING@GMAIL.COM

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

For further information concerning this matter, please call:

RONALD DUFFY

321

460-3162

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JAN -3 PM 1:15

FILED

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

A FAMILY AFFAIR LANDSCAPING 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 11/02/2015 and assigned
Florida document number L15000185571.

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:

2872 MESSINA AVE SUITE: B

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32811

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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	JUNIOR A. GUY	5574 GREEN SHADOWS PL	<input type="checkbox"/> Add
		APT# 21-4	<input checked="" type="checkbox"/> Remove
		ORLANDO, FL 32811	<input type="checkbox"/> Change
AMBR	RONALD O. DUFFY	2872 MESSINA AVE	<input checked="" type="checkbox"/> Add
		SUITE: B	<input type="checkbox"/> Remove
		ORLANDO, FL 32811	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2017 JUN -30 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JAN - 3 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 JAN -3 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

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 DECEMBER 28th, 2016

Signature of a member of authorized representative

Signature of a member or authorized representative of a member

RONALD O. DUFFY

Typed or printed name of signee