## L15000 198689

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<u> </u>
(Business Entity Name)
(Document Number)
,
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## **COVER LETTER**

		stration Sect sion of Corpo				
SUBJEC		ALL-N-ONE	LANDSCAPING, LLC			
SOBJEC			Name of Limit	ted Liability Company		
					,	
The enclo	sed	Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please ret	urn a	all correspond	lence concerning this matter t	o the following:		
			KEVIN S COOPER			
				Name of Person		•
	ALL-N-ONE LANDSCAPING, LLC					
Firm/Company						-
3209 MAJESTIC PRINCE TRAIL						
				Address		-
			TALLAHASSEE, FL 3230	9		
				City/State and Zip Code		•
			Cooperkevin199@YAHOO.	.COM o be used for future annual rep	port notification)	
For furthe	er int	formation con	cerning this matter, please ca	111:		
		Name of F	Person	at () Area Code	Daytime Telephone Number	r
Enclosed	is a	check for the	following amount:			
\$25.0	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	sed) Certified	ite of Status &

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

ALL-N-ONE LANDSCAPING, I				
( <u>Name</u> of the Lim	(A Florida Limited	iny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{01}{2}$	1/01/2016	and assigned
Florida document number L15000198689	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company h	ere:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the o	designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:	3209 MAJEST	IC PRINCE TRAIL	
Principal office address MUST BE A STRE.	ET ADDRESS)	TALLAHASSI	EE, FL 32309	4
				<b>7</b> 3
Enter new mailing address, if applicable:		3209 MAJEST	IC PRINCE TRAIL	CERTAR SAR PAR MAR -3
(Mailing address MAY BE A POST OFFICE BOX)		TALLAHASSE	EE, FL 32309	7 A A A A A A A A A A A A A A A A A A A
				- CS
				<b>9</b> 5
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter	the name of the no
Name of New Registered Agent:	KEVIN S. COO	OPER		
New Registered Office Address:	3209 MAJESTIC PRINCE TRIAL			
Negistered Office Address.	<del></del>	Enter Flor	rida street address	
	TALLAHASSE	EE	, Florida <sup>32</sup>	309
		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>	Name	Address	Type of Action
MGR	KEVIN S. COOPER	3209 MAJESTIC PRINCE TRIAL:	
		TALLAHASSEE, FL 32309	☐ Remove
			☐ Change
<del></del>			Add
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Affective date, if other than the decentration of the date is listed, the date must Note: If the date inserted in this block locument's effective date on the Dep	ck does not meet the	applicable statutor	ng or more than 90 days	optional) s after filing.) Pursuan s, this date will not	nt to 605.0207 (3 be listed as th
ocument's effective date on the Dep	partment of State 8 fe	cords.			
e record specifies a delayed The 90th day after the reco	effective date, b rd is filed.	ut not an effec	tive time, at 12:	01 a.m. on the	earlier of:
MARCH 3	, 2017	•			
12" ("	1				~~A
	ignature of a member	or authorized repres	entative of a member	<u> </u>	— <b>7</b> ₩
KEVIN S. COOPER					HAR 人
			gnee		(4)

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Filing Fee: \$25.00