

6/17/2016 3:20 PM FROM: 9045125381

TO: +18506176383

P. 2

6/17/2016

U6000003241

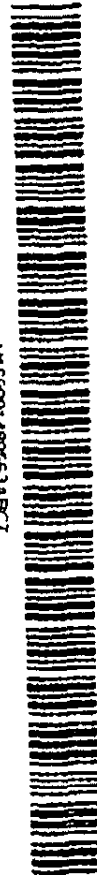
FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 JUN 20 AM 6:00

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((1116000148956 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NEXTGEN JUSTICE OF JACKSONVILLE
Account Number : 120150000114
Phone : (904)685-8888
Fax Number : (800)238-1505 904-512-5381

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LIC AMND/RESTATE/CORRECT OR M/MC RESIGN
BUZZARD PRESSURE WASHING & LAWN MAINTENANCE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01

75:6 MW 02 JUN 9102

JUN 21 2016
S. YOUNG

6/17/2016 3:20 PM FROM: 9045125381

TO: +18506176383

P. 3

6/17/2016

FILED STATE
SECRETARY OF
TALLAHASSEE
16 JUN 20 AM 6:00

Division of Corporations

Estimated Charge

\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

6/17/2016 3:20 PM FROM: 9045125381

TO: +18506176383

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Buzzard Pressure Washing & Lawn Maintenance, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shawn Bossard

Name of Person

Buzzard Maintenance, LLC

Firm/Company

1530 West 9th Street

Address

Jacksonville, FL 32209

City/State and Zip Code

shawndbossard@gmail.com

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

For further information concerning this matter, please call:

Shawn Bossard

904

517-0623

at

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$50.00 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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 20 AM 5:00

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

Buzzard Pressure Washing & Lawn Maintenance, 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 01-07-2016 and assigned
Florida document number L16000003241

This amendment is submitted to amend the following:

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

Buzzard Maintenance, 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 office address, if applicable:

1530 West 9th Street

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32209

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

_____, Florida _____
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>
Owner	Latoya N. Hossard	1530 West 9th Street	☒ Add
		Jacksonville, FL 32209	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

[illegible]

(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)

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

2016

Signature of a member or authorized

Signature of a member or authorized representative of a member

Latoya N Bussard

Typed or printed name of signer