

216000016071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

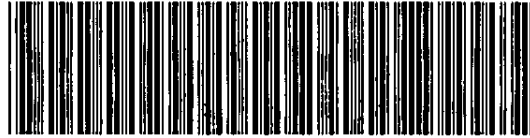
(Business Entity Name)

(Document Number)

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16 MAR 15 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 16 2016

J SHIVERS

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2016

NETTIE DAVIS  
846 SW MAIN BLVD  
LAKE CITY, FL 32025

SUBJECT: GATORS MAINTENANCE & LAND SERVICE LLC  
Ref. Number: L16000016071

We have received your document for GATORS MAINTENANCE & LAND SERVICE LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 716A00004778

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Gators Maintenance & Land Service LLC

**DOCUMENT NUMBER:** L16000016071

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nettie Davis, Inc.

846 SW Main Blvd. (Name of Contact Person)  
Lake City, FL 32025

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Nettie Davis

(Name of Contact Person)

at ( 386 ) 752-4576

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Gators Maintenance & Land Service 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 1/22/16 and assigned  
Florida document number L16000016071.

This amendment is submitted to amend the following:

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

GATORS MAINTENANCE & LAWN SERVICE 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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

403 SW TARA COURT  
FT. WHITE FL 32038

**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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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16 MAR 15 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR 15 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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.

Dated 3/12, 2016

Raymond Roberts  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Raymond Roberts  
Typed or printed name of s

Typed or printed name of signee