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(Requ	uestor's Name)	
(Addr	ess)	
(Addı	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doct	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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COVER LETTER

	SS LAWN SERVICE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	JACK BITTING		
	1-68	Name of Person	
	Name of Person BITTING'S LAWN SERVICE LLC Firm Company 1301 PETERS DRIVE Address LEESBURG, FL 34748 City/State and Zip Code		
Firm Company 1301 PETERS DRIVE Address			
	1301 PETERS DRIVE		
	Firm Company 1301 PETERS DRIVE Address LEESBURG, FL 34748		
	LEESBURG, FL 34748		
		City/State and Zip Code	
	• •		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please co	ıll;	
JACK BITTING		352 250-7025	
Nanio	e of Person	at () 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

TO:

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) luy Company)			
The Articles of Organization for this Limited Liability Company were florida document number $\frac{L16000017019}{L16000017019}$.	re filed on <u>01/25 2016</u>	and assigned		
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 C	"ompany," the designation "LLC" or the abi	previation "L.L.C."		
Enter new principal offices address, if applicable:		25 5.⊳-		
Principal office address MUST BE A STREET ADDRESS)		HA SION		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BON)		PARY OF STATE OF CORPORATIONS 23 PM 1: 53		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter	the name of the		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			

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.

City

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>	Address	Type of Action
AMBR	KIMBERLY R. BITTING	1301 PETERS DR. LEESBURG 34748	= Add
			Remove
			☐ Change
			Remove
			Change
			Add
			Remove
			Change
			🗖 Add
			🗆 Remove
			☐ Change
			Remove
			Change
			🗖 Add
			Remove
			Change

MAY
23
<u></u>

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Typed or printed name of signee

Filing Fee: \$25.00