

46000024883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

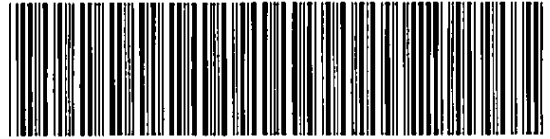
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R. HUNT

04/12/12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lawn Worx of North Florida 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:

Justin Cole Monge
Name of Person

Lawn Worx
Firm/Company

1129 SW 170th St
Address

Newberry, FL 32669
City/State and Zip Code

lawnworxnorthfl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Monge at (352) 339-3539
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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2023 APR 12 PM 3:23
TALLAHASSEE, FL
DIVISION OF STATE

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

Lawn Worx of North Florida 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 2/04/2016 and assigned Florida document number L16000024883

This amendment is submitted to amend the following:

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

Perfect Lawn Care 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)

1129 SW 170th St
Newberry FL 32669

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1129 SW 170th St
Newberry FL 32669

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:

Justin Cole Monge

New Registered Office Address:

1129 SW 170th St

Enter Florida street address

Newberry

Florida

City

State

32669

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.

Justin Monge
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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TALLAHASSEE, FL

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JAN 12 PM 3:23
DEPT. OF STATE
TALLAHASSEE, FL

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.

Justin Marget
Signature of the author

Signature of a member or authorized representative of a member

Justin Monge

Typed or printed name of signee