Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H190000301483)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC. Account Number : 120010000062

Phone : (323)962-8600 : (323)962-3889 Fax Number

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

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WILLIS LAWN CARE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

JAN 2 8 2619

A. LUNT

TO:

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: WILLIS	LAWN CARE, LLC			
SUBJECT:				
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.			
Please return all corresp	ondence concerning this matter to the following:			
	Cheyenne Moseley			
Finn/Company				
	4 D			
Address				
	Glendale, CA 91203	25		
·	City/State and Zip Code	一		
	jeffwillis2014@gmail.com E-mail address: (to be used for future annual report notification)	9.5		
For further information	concerning this matter, please call:	Section of		
Cheyenne Moseley	800 773-0888 ext 9724	<i>*</i>		
Nane	of Person Area Code Daytime Telephone Number	•		
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee:	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	e 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

To: Page 4 of 6

. . .

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

WILLIS LAWN CARE, LLC	
(Name of the Limited Liability C (A Florda Lu	ompany as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com- Florida document number <u>L16000038607</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
Willis lawn and landscape LLC	
The new name must be distinguishable and end with the words "Limite	ed 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 ADDRES	(22)
Enter new mailing address, if applicable:	25
(Mailing address MAY BE A POST OFFICE BOX)	Ag 3 C
William duaress MAT DE ATOST OF FICE BOAT	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, <u>enter the name of the new</u> is here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida strvet address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	gent:
provisions of all statutes relative to the proper and com accept the obligations of my position as registered agen	d agree to act in this capacity. I further agree to comply with the oplete performance of my duties, and I am familiar with and not as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
ī	If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
			Remove	
	•			
			☐ Remove	
			19 Dadd	
			9: 55 9: 55 Add	
			□ Remove	
			□ Remove	
			☐ Remove	

Dated January 15th dolar Lillia

the date this document is filed by the Florida Department of State)

Vignature of a inember or authorized representative of a member

Jeffrey C Willis

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

