

L16000058312

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

CORRECTION TO DOC PER
CONVERSATION WITH
AARON STOLT 7/21/2017
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TALLAHASSEE, FLORIDA

2017 JUL 18 PM 1:47

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K. SALY
JUL 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STOLT LAWN CARE 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:

AARON STOLT
Name of Person

Firm/Company

~~1861 S~~ PO Box 22993, St Petersburg, 33742
Address

St. Petersburg, FL, 33742
City/State and Zip Code

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

For further information concerning this matter, please call:

Aaron Stolt a: 585 766 0250
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ords.)

Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

Page 1 of 3

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>
AMBR	SAMUEL A. STOLT	P.O. Box 22993	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG FL 33742	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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3. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I want to make sure that I am adding
Sam A. Stolt to be a registered agent
and make sure that I, Aaron Stolt,
am also going to stay listed as a registered
agent as well. - Aaron Stolt

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Effective date, if other than the date of filing: _____ (optional)

(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 605.02(1)...

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used as document's effective date on the Department of State's records.

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.

Dated: _____

Aaron Stolt

Signature of a member or authorized representative of a member

AARON STOLT

Typed or printed name of signee