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TO:

Registration Section

Division of Corporations		
SUBJECT: SID Lawn Service and More 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:		
Jean I. Desir Name of Person		
JID Lawn Service and More LLC Firm/Company		
1765 NE 145th St. Address		
Miani, FL 33/56/ City/State and Zip Code		
E-mail address: (to be used for Surfare annual report notification)		
For further information concerning this matter, please call:		
Sean T. Desir at (305) 767-9911 Name of Person Area Code Daytime Telephone Number Area Code		
Enclosed is a check for the following amount:		
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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 Division of Corporations Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited L	Liability Company as it now appears on our records.) Florida Limited Liability Company)	-LLC
The Articles of Organization for this Limited Liabil	lity Company were filed on June 20 (Ol Land assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	e:	he abbreviation "L.L.C."
Enter new mailing address, if applicable:		A40
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent: New Registered Office Address:	registered office address on our records, ene address here: Enter Florida street address Florida	FILED 116 JUL - P P 2: 2 EORE FAR CELSTATE LAHASSEEJ FEORIO
-	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 = Ma AMBR = Au	nager thorized Member			
<u>Title</u>	Name	Address	Type of Act	<u>ion</u>
MGRM	Christine Aumoitte	1765 DE 145th St		
		1765 NE 145th St Micmi, FL 33181	Remove	
			□ Change	
			🗆 Add	
			Remove	
			☐ Change	
			Remove	
			Change	
			Add	
			Refleve	7
			Change	
			BE D KENJONG	
			Change	
			Add	
			□ Remove	
			Change	

). If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
	2016 ALL	W
(Ifan e <u>Note:</u>	etive date, if other than the date of filing: (optional) (optional	207 (3) d ds the
f the reb	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	r of:
Dated	June 28, 2016.	
	Signature of a member or authorized representative of a member	
	Jean T. Designed Typed or printed name of signed	

Page 3 of 3

Filing Fee: \$25.00