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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TEAM GREEN LAWN CARE & HAND Name of Limited Liability Company Service	yman s LL
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
RONALD GREEN Name of Person	
TEAM GREEN LAWN CARRY HAND Firm/Company Services	yMan LLC.
57 SERSIDE DRIVE	
ORMOND BEACH FL. 32176 City/State and Zip Code	
Feating Rean LCKM 5 @ gmsil. com E-man address: (to be used for future annual report not meation)	
For further information concerning this matter, please call:	- n
Rouald DEREENat 38 262-2790.	T (T)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu	
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEAM GREE,	U LAWN CARE AND 1	(AND GMBN)
(Name of the Limited L (A F	iability Company as it now appears on our records.) Torida Limited Liability Company)	Sekvices L
The Articles of Organization for this Limited Liability Company were filed on 7-25-2016 and assigned Florida document number ∠/6000/38889 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 Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:		
Florida document number <u>L/6000/38</u>	880	
This amendment is submitted to amend the following	ng:	
A. If amending name, <u>enter the new name of the</u>	e limited liability company here:	
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 A	condiment number \(\begin{align*} \begin{align*} \lambda \text{OOD} \end{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
		r the name of the new
egistered agent and/or the new registered order	address here.	
Name of New Registered Agent:		11
New Registered Office Address:		<u> </u>
	Enter Florida street address	(.)
_	, Florida	(.) (.)
_	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 = Manager AMBR = Authorized Member

<u>Title</u>	Name 🕜	Address	Type of Action
AMBK	BONGLADOREN JERN BONGLADOREN		
			□ Remove
Author	ized	Ren Ren	
Perso	MBR BONSIAD CAEEN Charles Charl	≥ Add	
		□ Remove	
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional)	024
ote: If the date inserted in this block does not meet the applicable statutory filing n	requirements, this date will not be liste	ed a
cument's effective date on the Department of State's records.	4	
record specifies a delayed effective date, but not an effective tim	ne, at 12:01 a.m. on the earlie	; er
$\beta = 14, 2017. \qquad ()$	7	
Londo Dat	, 800 ps /	
12 112 FLATS C 27 1 1997		
Signature of a member or authorized representative of	t a member	

Page 3 of 3

Filing Fee: \$25.00