

L16000139306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800295113108

02/06/17--01034--009 **25.00

2017 FEB -6 P 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

FEB 07 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quality Lawn Care & Professional Tree Service 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:

Brenda Chambers

Name of Person

Chambers' & Associates

Firm/Company

603 N Ferdon Blvd

Address

Crestview, FL 32536

City/State and Zip Code

brenda@ca-crestview.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brenda Chambers

850 398-8088
at ()

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

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

Quality Lawn Care & Professional Tree Service 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 07/25/2016 and assigned
Florida document number L16000139306.

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 "L.L.C."

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)

FILED
JUL 25 2016
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

Terry L Holloway

New Registered Office Address:

3200 Bridges Lane

Enter Florida street address

Laurel Hill

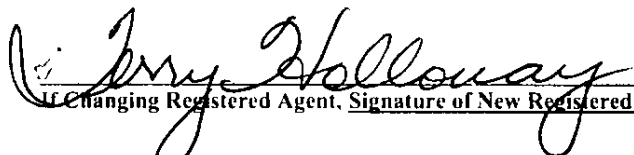
City

Florida 32567

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.


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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Joseph R. Lindsay Jr.	2403 Halfmoon Lane	<input type="checkbox"/> Add
		Crestview, FL 32536	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	James W. Brooks	2403 Halfmoon Lane	<input type="checkbox"/> Add
		Crestview, FL 32536	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Terry L. Holloway	3200 Bridges Lane	<input type="checkbox"/> Add
		Laurel Hill, FL 32567	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Terry L. Holloway	202 20th Street	<input checked="" type="checkbox"/> Add
		Niceville, FL 32578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2011 FEB 15 PM 12:34
SECRETARY OF STATE
TAMARAC, FLORIDA

[illegible]

(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 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Feb. 03, 2017


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Terry L Holloway

Typed or printed name of signee

FILED
2011 FEB -3 P 12:34
SECRETARY OF STATE
Tallahassee, Florida