

L16000140087

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S Warren

JAN 10 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEEKLY GRASS CUTS 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:

SHARON M HARRELL
Name of Person

WEEKLY GRASS CUTS
Firm/Company

1424 NE 2nd PL.
Address

CAPE CORAL FL. 33909
City/State and Zip Code

Weekly grass cuts@gmail.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon M. Harrell at (239) 633-1458
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

WEEKLY GRASS CUTS LLC

BASIC LAWN MOWING LLC

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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>
			☐ Add
			☐ Remove
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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 December 22, 2016

Shawn M. Havell

Sharon M. Harrell

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA