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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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06/17/19--01030--007 **25.00

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2019 JUN 17 P 12:34

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JUN 27 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Trevor Rhoads 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:

Lori Wellbaum Emery

Name of Person

Wellbaum & Emery, P.A.

Firm/Company

686 N. Indiana Avenue

Address

Englewood, FL 34223

City/State and Zip Code

trevorjamesl@hotmail.com

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

For further information concerning this matter, please call:

Trevor Rhoads

941 258-4996
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**

FILED

TREVOR RHOADS LAWN CARE, LLC

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

JUN 17 10:34

The Articles of Organization for this Limited Liability Company were filed on 09-20-16 and assigned
Florida document number L16000175820.

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:

6309 Biggs Street

(Principal office address MUST BE A STREET ADDRESS)

Englewood, Florida 34224

Enter new mailing address, if applicable:

6309 Biggs Street

(Mailing address MAY BE A POST OFFICE BOX)

Englewood, Florida 34224

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:

Trevor Rhoads

New Registered Office Address:

6309 Biggs Street

Enter Florida street address

Englewood

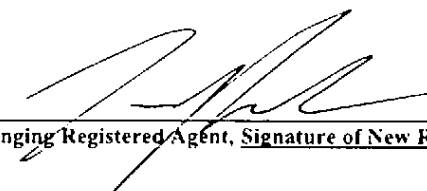
Florida 34224

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Trevor Rhoads	6309 Biggs Street. Englewood, FL 34224	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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)

(b) The 90th day after the record is filed.

May 30, 2014



Signature of a member or authorized representative of a member

Typed or printed name of signee