

L16000181519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

n. BRUCE
FEB 08 2017

The Law Offices of Timothy K. Anderson
TIMOTHY K. ANDERSON, ESQ.
480 Maplewood Drive, Suite 5
Jupiter, Florida 33458

Brent E. Carrington
Title Agent/Closer

Lorraine A. Hinkle
Legal Assistant

February 3, 2017

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Articles of Amendment to Articles of Organization of Tri-County Lawn
Maintenance, LLC

Pursuant to your letter dated January 24, 2017, copy enclosed as instructed,
please find enclosed the executed original Articles of Amendment to Articles of
Organization of Tri-County Lawn Maintenance, LLC.

Thank you for your assistance. If you have any questions, please do not hesitate
to contact this office.

Very truly yours,


Lorraine Hinkle,
Legal Assistant to
Timothy K. Anderson, Esq.

TKA/lh

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2017

KEN ANGELETTI
3601 EAST SANDPIPER DRIVE, #8
BOYNTON BEACH, FL 33436

SUBJECT: TRI COUNTY LAWN MAINTENANCE, LLC
Ref. Number: L16000181519

We have received your document for TRI COUNTY LAWN MAINTENANCE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L08000073141.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 517A00001461

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRI-COUNTY LAWN MAINTENANCE, 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:

KEN ANGELETTI

Name of Person

FOUR LEAF, LLC

Firm/Company

3601 EAST SANDPIPER DRIVE, S8

Address

BOYNTON BEACH, FL 33436

City/State and Zip Code

kangeletti@gmail.com

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

For further information concerning this matter, please call:

KEN ANGELETTI

973 830-0495

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

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TALLAHASSEE, FLORIDA

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

TRI-COUNTY LAWN MAINTENANCE, 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 SEPTEMBER 28, 2016 and assigned
Florida document number L16000181515.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FOUR LEAF LANDSCAPING, LLC

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)

3601 EAST SANDPIPER DRIVE, #8

BOYNTON BEACH, FL 33436

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3601 EAST SANDPIPER DRIVE, #8

BOYNTON BEACH, FL 33436

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:

New Registered Office Address:

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated FEBRUARY 2017


Signature of _____

Signature of a member or authorized representative of a member

KEN ANGELETTI

Typed or printed name of signee