

L16000197592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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17 MAY 15 PM 4:08
TALLAHASSEE, FLORIDA

MAY 16 2017

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J & G Totalyardbeautification 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:

Kyle Landers

Name of Person

Firm/Company

1720 Irving Ave.

Address

Orlando, FL 32804

City/State and Zip Code

carpebrody23@gmail.com

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

For further information concerning this matter, please call:

Kyle Landers

352

360-5074

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**

J & G Totalyardbeautification 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 5/11/2017 and assigned
Florida document number L16000197592.

This amendment is submitted to amend the following:

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

Total Yard Beautification 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: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(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:

Name of New Registered Agent: N/A

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

17 MAY 15 14:06
☐ Add
☐ Remove
☐ Change
☐ Add

17 MAY 15 THU 06
ALL AMBASSADOR, FLORIDA

17 MAY 15 PM 6:06
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 05-11-2010 BY 60322
UCBAW

(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 May 11th, 2017

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kyle Landers

Typed or printed name of signee