

L16000208906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FILED

16 DEC 12 AM 11:03

DIVISION OF CORPORATIONS

O SIMMONS

DEC 15 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Motherly 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:

Monique C. Benson
Name of Person

MOTHERLY LAWN CARE LLC
Firm/Company

4909 TAM DR
Address

ORLANDO, FL 32808
City/State and Zip Code

MLCAREservice@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monique Benson at (407) 770-3487
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)
- OK #200*

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**

MOTHERLY LAWN CARE L.L.C.
(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 11/14/16.

Florida document number L16000208906

This amendment is submitted to amend the following:

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

MOTHERLY LAWN CARE 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)

4909 TAM DR
ORLANDO, FL
32808

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 682394
ORLANDO, FL 32863

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:

MONIQUE C. BENSON

New Registered Office Address:

4909 TAM DR.

Enter Florida street address

Orlando

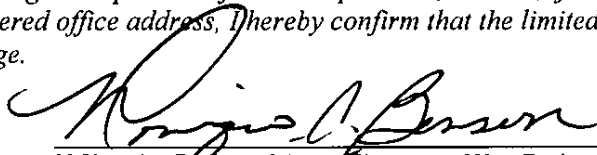
City

32808

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

FILED
16 DEC 12 AM 11:03
DIVISION OF CORPORATIONS

MGR = Manager
AMBR = Authorized Member

FILED
16 DEC 16
Add
Remove
Change

16 DEC 12 AM 11:30
DIVISION OF INVESTIGATION

16 DEC 12 AM 11:03
DIVISION OF RECEPTION

7-7-54

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 Dec 06, 2016.

 Signature of a member or authorized representative of a member
MONIQUE C. BENSON

 Typed or printed name of signee