116000214329

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	······
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		<u></u>

Office Use Only



300294503733

01/23/17--01042--007 **30.00

17 FEB 16 PH 1:48

O SIMMONS FEB 2 1 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: T.L.C Lawn and Tree Cave L.L.C 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:
Javon Martin Name of Person
T.C.C. Cown and Tree Care C.C.C. FB. F. Frm/Company
9624 Abedare ave . West.
Jacksonville FL 32208 City/State and Zip Code
Activa (roots 85 @ may Com E-mail address: (to be used for future (an qual report notification)
For further information concerning this matter, please call:
Name of Person at (904) $930 - 6339$ Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

Name of the Limited Liah (A Flor	and Tree Cove L.L.C ility Company as it now appears on our records.) ida Limited Liability Company)
•	Company were filed on $1/-23-2016$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li Natural Rots Lawn The new name must be distinguishable and contain the words "L	
Enter new principal offices address, if applicable:	, A
(Principal office address MUST BE A STREET ADD	
Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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

Title Name Address Type of Action

Add

Remove

Change

Add

Remove

		Remove
		 Change
		 □ Add ਰੌ
		 □ Remove
		 Change
		 O Add
		□ Remove
		Change
		 □ Add
		Remove
		 Change
		🗆 Add
	·	_□ Remove
		Change

		· · ·					
	······································						
<u> </u>	· · · · · · · · · · · · · · · · · · ·						
							
				 	· · · · · · · · · · · · · · · · · · ·	Sign Segar	17 =
						5.00 9 m 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	田田
 							9
							3
							- OB
							·
an effective date lote: If the da	, if other than the date e is listed, the date must be s the inserted in this block d ective date on the Depart	pecific and cani oes not meet	not be prior to da the applicable	ite of filing or mor	e than 90 days after		
e record sp The 90th d	ecifies a delayed effi lay after the record i	ective date s filed.	, but not ar	effective tir	ne, at 12:01	a.m. on the	earlier o
ated	Feb, 1	<u>Z., 7</u>	2017.				
<u></u>	Signa	iture of a mem	ber or authorized	representative o	f a member		
	. .	41	1				

Page 3 of 3

Filing Fee: \$25.00