## L16000229173

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Property Pinneer Lawncase & 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:
Alicia Stevenson Name of Person
Property Pioneer Lawncare & Maintenance LLC
1637 Gunsmith Dr. Address
Lutz, FL 33559 City/State and Zip Code
Quica Stevenson 2011 @ amail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alicia Stevenson at (813) 562-1307  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

Property Pidneer Lawncar (Name of the Limited Liability Company (A Florida Limited Liab	e 4 Maintenance LLC as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L16000229173</u> .	ere filed on December 20, 2016 and assi	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability  Enter new principal offices address, if applicable:	Company," the designation "LLC" or the abbreviation "L.l	L.C."
(Principal office address MUST BE A STREET ADDRESS)		,
Enter new mailing address, if applicable:	9 PH	::4:5 ::4:5 ::
(Mailing address MAY BE A POST OFFICE BOX)		<u>4.E.</u>
_	5	45
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  1637 G	Stevenson  Stevenson  Enter Florida street address	of the new

## 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** Bryan Stevenson 1637 Gunsmith Dr. Lutz, FL 33559 WAG □ Remove ☐ Change Alicia Stevenson MGR 1637 Bunsmith Dr. Lutz, FL 33559 Remove ☐ Change AMBR Alicia Stevenson 1637 Gunsmith Dr. Lutz, Pl 33559 grade ☐ Remove ☐ Change □ Add □ Kcinove Remove ☐ Change □ Add ☐ Remove Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•		
E. Effe	ctive date, if other than the date of filing:	7 (3)/h
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a unent's effective date on the Department of State's records.	s the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the specifies and the record is filed.	f:
Date	d	
	Olivin Ota	
	Signature of a member or authorized representative of a member	
	Alicia Stevenson Typed or printed name of signee	1. 구기
	Typed or printed name of signee	
	Page 3 of 3	' '' ''
	Filing Fee: \$25.00	:

Filing Fee: \$25.00