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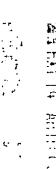
(Requestor's Name) (Address)
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(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

SUBJECT:	BOB BROWNING PROPERTY	MAINTENACE LLC	erio.
•	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	न
		DAVID STRONG	ta, i.
		Name of Person	<del></del>
	QUAI	LITY FINANCIAL SERVICES LL	С
		Firm/Company	
	20	09 DUNLAWTON AVE STE 14	
		Address	<del></del>
		PORT ORANGE, FL 32127	
	Da	City/State and Zip Code AVID.QFSINC@GMAIL.COM	
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all;	
DAVID STRONG		386 761-7855	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	<u>-</u>		
■ \$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:

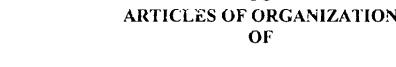
Registration Section
Division of Corporations

TO:

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 Tailahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



ARTI	CLES OF AMENDMENT	a's
	TO	
ARTIC	LES OF ORGANIZATION	
	OF	
		1
BOB BROWNING PROPERTY MAI		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
he Articles of Organization for this Limited Liab	ility Company were filed on01/09/2017	and assigned
lorida document numberL17000006847		
his amendment is submitted to amend the following	ing:	
If an adding your optomber you was after	a limited linkilian annual barro	
. If amending name, enter the new name of th	e umited liability company nere:	
BLUE TURTLE LANDSCAPING LLC		
e new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable	le:	
Principal office address MUST BE A STREET	ADDRESS)	
	•	
	. · <del></del>	
	•	
nter new mailing address, if applicable:		
<u> Aailing address MAY BE A POST OFFICE BO</u>	<u></u>	
		<del></del>
If amonding the positioned quant and/or	moditional office address on an according	
. If amending the registered agent and/or egistered agent and/or the new registered offic		enter the name of the ne
gistered agent and or the new registered one	e address nere.	
,		
Name of New Registered Agent:		
Non-Barbara 1000 A 11		
New Registered Office Address:	Enter Florida street address	
	. Inter 1 to tag street address	
	, Flori	
	City	Ziv 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 = N $AMBR = A$	lanager Luthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an effe Note: 1	the date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed.
Dated _	05/10/2019
	Signature of a spensiber or authorized representative of a member
	KERRY BERGIMANI

Page 3 of 3

Filing Fee: \$25.00