# L17000014980

(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	( <i>N</i>	nils

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SECRETARY OF STATE
SECRETARY OF STATE

#### COVER LETTER

TO:

Registration Section **Division of Corporations** 

## Subjects On The Green Lawn & Landscape 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:

	K	aleb Wilsor	1
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	On The Gre	en Lawn & Lands	cape L.L.C
		Firm/Company	<del> </del>
		759 Sunset Dr	
	-	Address	
	Tarpon :	Springs Florida, 33	689
	طه برمانهما	City/State and Zip Code	
		eodore@yahoo.co	
For further information c	oncerning this matter, please c	•	(Manual Manual M
Kaleb \			88-6847
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for the	ne 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 Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

On The Green Lawn & Landscape L.L.C

appears on our records.)
pany)
on Jan 1, 2017 and assigned
iny here:
"the designation "LLC" or the abbreviation "L.L.C."
APE 13
DR CT
755 F
AG F
7.5
18
1
our records, enter the name of the new registere

New Registered Agent's Signature, If changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Tarpon Springs

City

If Changing Registered Agent, Signature of New Registered Agent

Kailey Michelle Wilson

Enter Florida street uddress

759 sunset dr

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
_MGR	Kaleb Wilson	759 sunset dr Tarpon Springs Florida 33689	□Add
			Remove
			Change
MGR	MGR Kailey Wilson	759 Sunset Dr Tarpon Springs Florida 34689	P_●∧dd
		□Remove	
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del> -	
`an effectiv <u>Vote:</u>   If t	date, if other than the date of filing: 9/18/2023 (optional) reduce 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 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
record sp is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	September 18 2023
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Kaleb Wilson

Filing Fee: \$25.00