

L17000035142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

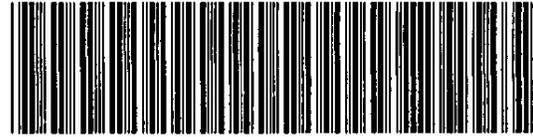
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000295950220

02/27/17--01008--003 \*\*25.00

FILED  
17 FEB 27 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
MAR 1 2017

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: King Scape 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:

Chad M. Kelehum  
Name of Person

\_\_\_\_\_  
Firm/Company

1843 Sailfish Ct.  
Address

Kissimmee, FL 34744  
City/State and Zip Code

Badchad555@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chad M. Kelehum at (907) 460-4859  
Name of Person Area Code Daytime Telephone Number

FILED  
17 FEB 27 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

**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



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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	Chad M. Kelchum	1843 Sailfish CT	<input checked="" type="checkbox"/> Add
		Kissimmee, FL 32744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
17 FEB 20 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 2/21/17 (optional)

(If an effective date 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 (3)(b) **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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 2/21, 2017.

Chad Ketchum  
Signature of a member or authorized representative of a member

Chad m. Ketchum  
Typed or printed name of signee

FILED  
17 FEB 27 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA