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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

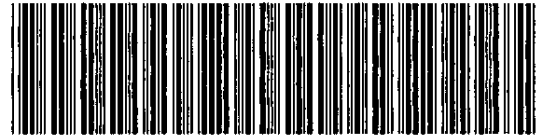
(Business Entity Name)

(Document Number)

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

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17 MAR 30 AM 11:04  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

MAR 31 2017

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pippin's Lawn Service 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:

Justin Garrett Pippin  
Name of Person  
Pippin's Lawn Service LLC  
Firm/Company  
11626 Braddock Rd  
Address  
Jacksonville Florida 32219  
City/State and Zip Code  
Pippinlawnservice@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Garrett Pippin at (904) 302-4141  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 <i>owner</i>	Justin Garrett Pippin	11626 Braddock Road	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32219	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA  
DEPARTMENT OF REVENUE

17 MAR 30  
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17 MAR 30 AM EST  
WALLA WALLA WASH. FIELD

**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.

Dated March 18th, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee