

# L170000037008

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(Requestor's Name)

\_\_\_\_\_  
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(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

APR 25 2017

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cut-Singer 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:

Kevin D. Cutsinger

*Name of Person*

Cut-Singer Lawn Care, LLC.

*Firm/Company*

6579 Osprey Lake Circle

*Address*

Riverview, FL 33578

*City/State and Zip Code*

cutsingerlawncare@gmail.com

*E-mail address: (to be used for future annual report notification)*

For further information concerning this matter, please call:

Maria Zale

at ( 813 ) 505-9232

*Name of Person*

*Area Code*

*Daytime Telephone Number*

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

## Page 1 of 3

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>
AMBR	Maria Zale Cutsinger	6579 Osprey Lake Circle, Riverview FL 33578	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kevin D. Cutsinger	6579 Osprey Lake Circle, Riverview FL 33578	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11-17-2017 BY 60322  
AMT/04

EIN: 81-5417544

17 APR 24 AM 12:04

**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.

(b) The 90th day after the record is filed.

Dated April 21, 2017

Mania Zale Cutsinger  
Signature of a member or authorized representative of a member

**Maria Zale**

Typed or printed name of signee