

L 17000050762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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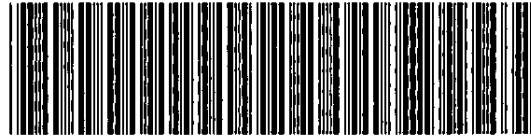
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
MAY 12 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mid-FL Heavy Equipment Repair 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:

Casey Morris  
Name of Person

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

2619 Jennifer DR  
Address

Lakeland FL 33810  
City/State and Zip Code

caseymorris99@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Casey Morris at 912 222 9551  
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

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MAY 11 PM 1:51  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Mid-FL Heavy Equipment Repair LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4-08-2017 and assigned  
Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Super Dave's Lawn Care LLC  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2619 Jennifer DR  
Lakeland FL 33810

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Same

New Registered Office Address:

\_\_\_\_\_  
Enter Florida street address

\_\_\_\_\_, Florida

City

Zip 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 = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CFO</u>	<u>Robert Heidler</u>	<u>1010 Sunshine DR</u>	<input type="checkbox"/> Add
		<u>Lakeland FL 33801</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>CFO</u>	<u>Dave M Bellmon</u>	<u>3151 Indian Ridge Pkwy</u>	<input checked="" type="checkbox"/> Add
		<u>Lakeland FL 33810</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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JAN 1 1951  
PM  
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