## 1170000 70500

| (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: |
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|   |

Office Use Only



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02/20/19--01017--007 \*\*25.00



C. GOLDEN FEB 2 5 2019

## **COVER LETTER**

| TO:   | Registration Se<br>Division of Cor |   |   |  |  |
|---|------------------------------------|---|---|--|--|
| CI ID I   |                                    | awn Care LLC                                    |   |  |  |
| SUBJECT:  Name of Limited Liability Company   |                                    |   |   |  |  |
| The e   | nclosed Articles of                | Amendment and fee(s) are sub-                   | mitted for filing.  |  |  |
| Please  | e return all correspo              | ondence concerning this matter                  | to the following:   |  |  |
|   |                                    | Daniel Morales                                  |   |  |  |
|   |                                    | Low Cut Lawn Care LLC                           | Name of Person  |  |  |
|   |                                    | 371 Avenue C                                    | Firm/Company  | <del></del>  |  |
|   |                                    | Key West FL, 33040                              | Address   |  |  |
|   |                                    | Dmorales1985@gmail.com                          | City/State and Zip Code   |  |  |
|   |                                    | E-mail address: (                               | to be used for future annual report notif                           | ication)   |  |
| For fu  | irther information o               | oncerning this matter, please ca                | all:  |  |  |
| Daniel Morales 305 903-4020  at ()  Name of Person Area Code Daytime Telephone Number |                                    |   |   |  |  |
|   | Name o                             | of Person                                       | Area Code Daytime   | E Telephone Number   |  |
| Enclo   | sed is a check for t               | he following amount:                            |   |  |  |
| <b>⊟</b> Si   | 25.00 Filing Fee                   | ☐ \$30.00 Filing Fee &<br>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:

TO:

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 Taliahassee. FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Low Cut Lawn Care LLC

company has been notified in writing of this change.

2019 FEB 20 PM 6: 46

| (Name of the Limited Liabili   | ty Company as it now appears on or<br>a Limited Liability Company) | ur records.) - ( 17 STVIS               |
|--|--|---|
| (A Fibrius   | t Eminted Elabinty Company)  | IALLAHASSEE, FL                         |
| The Articles of Organization for this Limited Liability C  | Company were filed on03/28/20                                      |   |
| Florida document number L17000070500   |  |   |
|  | _  |   |
| This amendment is submitted to amend the following:  |  |   |
| A. If amending name, enter the new name of the lim   | ited liability company here:                                       |   |
|  |  |   |
| The new name must be distinguishable and contain the words "Lim  | nited Liability Company," the designat                             | ion "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  |  |   |
| (Principal office address MUST BE A STREET ADDI  | RESS)  |   |
|  |  |   |
|  |  |   |
| Enter new mailing address, if applicable:  |  |   |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |   |
|  |  |   |
|  |  |   |
| B. If amending the registered agent and/or regis   |  | records, enter the name of the new      |
| registered agent and/or the new registered office add  | ress here:   |   |
| N. CN. D. C. LA  |  |   |
| Name of New Registered Agent:  |  | <del></del>                             |
| New Registered Office Address:   |  | <del></del>                             |
|  | Enter Florida stre   | zet address                             |
|  |  | , Florida<br>Zip Code                   |
|  | •  | Zip Code                                |
| New Registered Agent's Signature, if changing Registere  | d Agent:   |   |
| I hereby accept the appointment as registered agent  | •  | • |
| provisions of all statutes relative to the proper and c<br>accept the obligations of my position as registered a |  |   |
| being filed to merely reflect a change in the registere  |  |   |

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>          | Address            | Type of Action |
|--------------|----------------------|--------------------|----------------|
| AMBR         | Vashon Raynel Watson | 371 Avenue C       |                |
|              |                      | Key West Fl, 33040 | ■ Add          |
|              |                      |                    | Remove         |
|              |                      |                    | ☐ Change       |
|              |                      |                    | □ Add          |
|              |                      | <del></del>        | □ Remove       |
|              |                      |                    | ☐ Change       |
|              |                      |                    | Add            |
|              |                      |                    | Remove         |
|              |                      |                    | Change         |
|              |                      |                    | □ Add          |
|              |                      |                    | Remove         |
|              |                      |                    | Change         |
|              |                      |                    | Add            |
|              |                      |                    | □ Remove       |
|              |                      |                    | Change         |
|              |                      |                    | □ Add          |
|              |                      |                    | Remove         |
|              |                      |                    | ☐ Change       |

| D. If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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| Note:    | tive date, if other than the date of filing:  (optional)  ffective 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)(  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
|          | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.  |
| Dated    | February 14th 2019   |
|          |  |
|          | Signature of a member or authorized representative of a member   |
|          | Daniel Morales   |

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Typed or printed name of signee

Filing Fee: \$25.00