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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

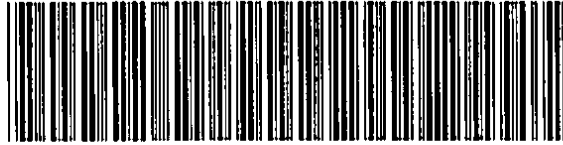
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS

O SIMMONS
AUG 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CEAZER 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:

Carlye Ceazer Cameron
Name of Person

CEAZER Lawn Care LLC
Firm/Company

7211 NW 21 St
Address

Sunrise FL 33313
City/State and Zip Code

Biggz363@gmail.com
E-mail address: (to be used for future annual report/notification)

For further information concerning this matter, please call:

Sharon Smith at 407-580-1224
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

☐ \$60.00 Filing Fee,
Certificate of Status &

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

(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 _____ 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:

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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17 AUG 11 AM 11:45
DIVISION OF CORPORATE FILINGS

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: _____

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>
AmBR	Carlyle Cameron	7211 NW 21 st	<input checked="" type="checkbox"/> Add
		Sunrise FL 33313	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AmBR	Clivia Vernon	2221 Villano Ave	<input checked="" type="checkbox"/> Add
		Orlando FL 32818	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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DIVISION OF
REGISTRATION

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17 AUG 11 AM 11:43
DIVISION OF CORRECTIONS

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated 8/9/17

Signature of a member or authorized representative of a member

CARLYLE CAMERON

Typed or printed name of signee