

**L17000090946**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

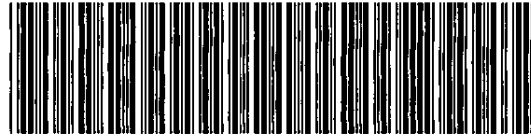
(Business Entity Name)

(Document Number)

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MAY 10 2017  
**S. YOUNG**

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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
17 MAY -8 PM 5:13

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** M&R LANDSCAPING AND MORE 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:

MICHAEL DOWNS

\_\_\_\_\_  
Name of Person

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

4675 JUNIPER LANE

\_\_\_\_\_  
Address

PALM BEACH GARDENS, FL, 33418

\_\_\_\_\_  
City/State and Zip Code

DOWNS0426@YAHOO.COM

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

For further information concerning this matter, please call:

MICHAEL DOWNS

561 312-5762  
at ( )

\_\_\_\_\_  
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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TALLAHASSEE, FLORIDA  
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## 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	MICHAEL D DOWNS	4675 JUNIPER LANE	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS FL 33	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
SIGNER	ROSE DOWNS	4675 JUNIPER LANE	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS FL 33	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** 04/20/2017 (optional)

(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)

**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.

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

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

Dated 05/02/2017

Signature of a member or authorized representative of a

MICHAEL D DOWNS

Typed or printed name of signee