# L17000143799

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FEB 13 2019 **S. YOUNG** 

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

AFFORDABLE MOWER MAINTENANCE
L 17000 143 799 Same of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RUSSELL GRACE
Name of Person
AFFORDABLE MOWER MAINT
Firm/Company
49 HICKORY TRACK WAY
Address
OCALA, FL 34472
City/State and Zip Code

7THEDAMSTORE@GMAIL.CO

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

RUSSELL	GRACE	845	707-5050
	e of Person	at (Area Code	Daytime Telephone Number
STREET/COURIER	ADDRESS:	i	MAILING ADDRESS:
Registration Section			Registration Section
Division of Corporatio	ons		Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center	· Circle		F.O. Box 6527 Fallahassee, Florida 32314
Tallahassee, Florida 32			Turidina, Co., 1 (Arian 2221)
Enclosed is a check for	or the following amount:		
S25 Filing Fee	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	\$60 Filing Fee. Certificate of Status & Certified Copy

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AFFORDABLE MOWER MAINTEN	ANCE & MORE L.L.	C.			
(Name of the Limited (A	Liability Company as it Florida Limited Liability	now appears on our (	records.)		
The Articles of Organization for this Limited Liab Florida document number L17000143799	ility Company were	filed on <u>07/05/2017</u>		and	
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	e limited liability c	ompany here:			
THE DAM STORE L.L.C.					
The new name must be distinguishable and contain the word	s "Limited Liability Cor	npany," the designation	ı "LLC" or the abbi	reviatio	
Enter new principal offices address, if applicable:		18615 S/E 115th STREET			
(Principal office address MUST BE <u>A STREET</u> )	ADDRESS) OCI	OCKLAWAHA, FL 32179			
(Trittipul office dualess WOST DE ASTREET ADDRESS)	<u> </u>		20		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		HICKORY TRACK	WAY 7		
		ALA FL 34472	pi B2 リ		
			6: 28 28 28 28 28		
B. If amending the registered agent and/or registered agent and/or the new registered office	13	nddress on our re	ecords, <u>enter t</u>	he na	
Name of New Registered Agent:	RUSSELL GRACE	<u></u>	<del></del> _		
New Registered Office Address:	18615 S/E 115th STR	EET			

## 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 act provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this dbeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited lia company has been notified in writing of this change.

**OCKLAWAHA** 

Citv

Enter Florida street address

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u> RUSSELL GRACE	<u>Address</u> 49 HICKORY TRACK WAY	<u>Typ</u>
MGA		OCALA FL 34472	
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<u>Note</u>	ctive date, if other than the date of fi effective date is listed, the date must be specific If the date inserted in this block does n ment's effective date on the Department	ot meet the applicabl	date of filing or more than le statutory filing requir	(optional) 90 days after filing.) Pursuant to ements, this date will not be	o 605.01 : listed
	ecord specifies a delayed effective 90th day after the record is file		an effective time, a	t 12:01 a.m. on the e	arlier
Date	FEBRUARY 4	2019			
Dute	7	_·	-		

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Filing Fee: \$25.00

Typed or printed name of signee