U17000160161

(Re	questor's Name)	
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COVER LETTER

Division of Cor			
MAHAFFI SUBJECT:	EYS PROFESSIONAL LAWN	SERVICE LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JACK MURPHY		
		Name of Person	
	ACCURATE TAX AND A	ACCOUNTING OF CENTRAL FLO	ORIDA
	-	Firm/Company	
	11799 SE US HWY 441		
		Address	
	BELLEVIEW FL 34420		
		City/State and Zip Code	
	BELLEVIEWTAX@YAHO		
For further information c	oncerning this matter, please c	to be used for future annual report notif all:	teation)
JACK MURPHY		352 307-0015	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAHAFFEY'S PROFESSIONAL LAWN SERVICE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

EL., 1	ny were filed on 07/27/2017 and assigned
Florida document number L17000160161	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
MAHAFFEY'S PROFESSIONAL LAWN AND LANDSCAPING	SERVICES LLC
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	02
	Programme and the second
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
individual in the second secon	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	
registered agent and/or the new registered office address he	
	office address on our records, <u>enter the name of the ne</u> ere:
registered agent and/or the new registered office address he	<u>ere</u> :
registered agent and/or the new registered office address he Name of New Registered Agent:	Enter Florida street address
registered agent and/or the new registered office address he Name of New Registered Agent:	Enter Florida street address
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agen	Enter Florida street address
Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agen	Enter Florida street address Florida City Zip Code 1: gree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and so provided for in Chapter 605, F.S. Or, if this document is
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	Enter Florida street address Florida City Zip Code 1: gree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and so provided for in Chapter 605, F.S. Or, if this document is

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

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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			Change
			Remove
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Note: 1	te date, if other than the date of filing:	0207 (3 d as th
	and specifies a delayed effective date, but not an effective time, at $12\colon01$ a.m. on the earlied $90 ext{th}$ day after the record is filed.	er of:
Dated _		
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	Signature of a member of authorized representative of a member	-
	ro con the contract of the con	-
	TYLER S MAHAFFEY Typed or printed name of signee	
		a * ·
	Page 3 of 3	-

Filing Fee: \$25.00