## L17000160161

(Req	uestor's Name)	
(Add	ress)	<del></del>
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(City	/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	<del></del>
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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A. RIVERS

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SECRETARY OF STATE TALL AHASSEE FLORID.

## **COVER LETTER**

, TO: Registration Section **Division of Corporations** 

SUBJECT:	Year Round	Lawn Care and Services			
SUBJECT.		Name of Limi	ted Liability Company		
The enclosed	l Articles of z	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspoi	ndence concerning this matter	to the following:		
		Tyler Mercurey			
			Name of Person		
		<del></del>	Firm/Company		
		3200 NE 44th PL			
			Address		
		Ocala, FL			
		bullterrier3531@gmail.com	City/State and Zip Code		
		E-mail address: (t	to be used for future annual r	eport notification)	
For further is	nformation co	oncerning this matter, please ca	ill:		
Tyler Mercu	ire <u>y</u>		352 723-	-7090	
	Name of	Person	at () Area Code	Daytime Telepho	ne Number
Enclosed is a	a check for th	e following amount:			
■ \$25.00 H	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Year Round Lawn Care And Servi			
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
ne Articles of Organization for this Limited I		10/22	and assigned
orida document number L17000160161	<del></del>		
is amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
e new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbrev	iation "L.L.C."
nter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE.		1	
nter new mailing address, if applicable:			
<b>Mailing address MAY BE A POST OFFICE</b>	<u></u>		
. If amending the registered agent and/or	ragistared office address on our r	ecords enter the name of	thomaw roais
gent and/or the new registered office addre		Corus, enter the name of	
		ΛΗΑ:	OCT
Name of New Registered Agent:	Tyler Shane Mercurey	SS	
New Registered Office Address:	3200 NE 44TH PL	្នា -ក	
	Enter Flor	ida street address S	图 2
	Ocala	, Florida <sup>3447</sup>	St.: —
	City		Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

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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 Rogisfered 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
VP	Jordyn Mercurey/Wife	3200 NE 44TH PL, Ocala FL 34479	<b>≣</b> Add
			□Remove
			□Add
		[]Remove	
<del></del>			
			LJRemove
			□Change
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Effect	ve date, if other than the date of filing: (optional)
(If an ef <u>Note:</u>	ective 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 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t  ent's effective date on the Department of State's records.
ne recon	d 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 led.
<b>.</b>	10/10/22
Dated	
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee