

L17000222239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

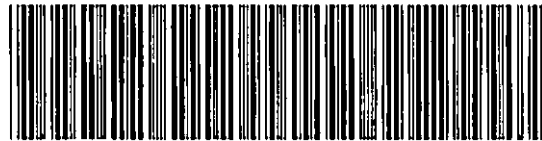
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
DEC -6 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T/L ALL AROUND LAWN SERVICES 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:

TANNER J HOLT

Name of Person

T/L ALL AROUND LAWN SERVICES LLC

Firm/Company

582 SW FIELDS AVE

Address

PORT SAINT LUCIE FL 34953

City/State and Zip Code

TANNERHOLT1290@GMAIL.COM

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

For further information concerning this matter, please call:

TANNER J HOLT

Name of Person

at (772) 626-6980

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2017 DEC -4 PM 7:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T/L ALL AROUND LAWN SERVICES
(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 10/26/2017 and assigned
Florida document number L17000222239.

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 "L.L.C." 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)

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

City

Florida

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> |
|--------------|-----------------|-----------------------------|--|
| OWNER/MGR | TANNER HOLT | 582 SW FIELDS AVE. | <input checked="" type="checkbox"/> Add |
| | | PORT SAINT LUCIE, FL. 34953 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | LAWRENCE RHODES | 714 SW SARAZEN AVE | <input type="checkbox"/> Add |
| | | PORT SAINT LUCIE, FL. 34953 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | LACEY HOLT | 582 SW FIELDS AVE | <input type="checkbox"/> Add |
| | | PORT SAINT LUCIE, FL. 34953 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | VALERIE HARMER | 714 SW SARAZEN AVE | <input type="checkbox"/> Add |
| | | PORT SAINT LUCIE, FL. 34953 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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 TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FL 32310

E. Effective date, if other than the date of filing: _____ (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 _____

Tanner Holt
Signature of a member or authorized representative of a member

TANNER HOLT
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2017

T/L ALL AROUND LAWN SERVICES LLC
TANNER J. HOLT
582 SW FIELDS AVE.
PORT ST. LUCIE, FL 34953

SUBJECT: T/L ALL AROUND LAWN SERVICES LLC
Ref. Number: L17000222239

We have received your document for T/L ALL AROUND LAWN SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 017A00023407

2017 DEC -4 AM 11:43

ALL AROUND LAWN SERVICES LLC