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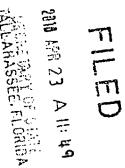
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COVER LETTER

SUBJECT: New aug Limited Liability Company 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:	
Dale K. Ashby Name offerson	_
Driveways 2 Doorways Lawn Care & Property Maintenan	حو
9149 Fallsmill Dr. Address	
Jacksonille FL. 32244 City/State and Zip Code	
driveways 2 decreas @ gmail. com	
E-mail address: (to be used for father annual report notification) For further information concerning this matter, please call:	
Dale K. Aslby at 904 674 5924 8 77 Name of Person Area Code Daytime Telephone Number 770 7	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\bigcup \\$30.00 Filing Fee & Certificate of Status \$\bigcup \\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\bigcup \\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

The Articles of Organization for this Limited Liability Company were filed on 1102/2017 17000226859 Florida document number 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 "LLC" 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 thezname of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code City

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Dale K. Ashby	9149 Fallsmill Dr. Jacksonville FL. 3224	🖸 Add
	<i>(</i> 3	Jacksonville FL. 3224	- ☐ Remove
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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.) Pursuan	n to 60 5.0 20
ote: If the date inserted in this block does not meet the applicable burnent's effective date on the Department of State's records.	ble statutory filing requirements, this date will not	be listed a
•		-
e record specifies a delayed effective date, but not		
The 90th day after the record is filed.	an enective time, at 12.01 a.mgurthe	TROINEL C
1 1 2		
ated 04/20/18		
	_ •	
Signature of a member or authori	zed representative of a member	
DALE K. ASHR	s 1	

Page 3 of 3

Filing Fee: \$25.00