

L17000227749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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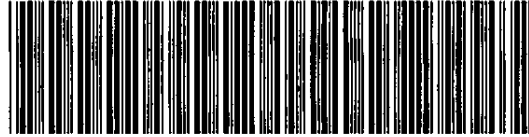
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Strickland's Site Work 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:

Dean L. Strickland
Name of Person
Strickland's Site Work
Firm/Company
2919 Etowah Park Blvd
Address
Tallahassee FL 32378
City/State and Zip Code
Stricklandsitework@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dean L Strickland at 352 455-798
Name of Person 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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

2018 MAR 21 A 10:40

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Strickland's Site Work LLC

(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 11.3.17 and assigned
Florida document number L170002277.49

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)

2919 Etowah Park Blvd
Taravres FL 32778

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2919 Etowah Park Blvd
Taravres FL 32778

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:

Patricia A. Sperry

2919 Etowah Blvd

Enter Florida street address

Taravres

City

Florida

32778

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.

Patricia A. Sperry
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>
Co-Owner	Patricia A. Sperry	2919 Etowah	<input checked="" type="checkbox"/> Add
		Park Blvd Tavares	<input type="checkbox"/> Remove
		Fl. 32778	<input type="checkbox"/> Change
Secretary	Patricia A Sperry	2919 Etowah	<input checked="" type="checkbox"/> Add
		Park Blvd Tavares	<input type="checkbox"/> Remove
		Fl. 32778	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

Adding Patricia A. Sperry as
Co-owner and Secretary.

Address should be 2919 Etowah Park
Blvd. Taravos Fl.
32778 for:

Principal address
Mailing
Registered

Thank you.

E. Effective date, if other than the date of filing: 3/20/18 (optional)

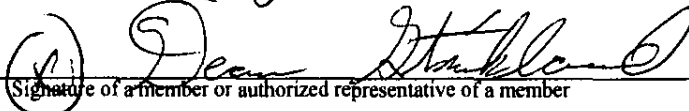
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

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2018 MAR 21 4:00:40
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

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 March 20, 2018.


Signature of a member or authorized representative of a member

Dean L. Strickland
Typed or printed name of signee