## 217000242715

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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December 5, 2017

ROBERT P MILLER 4464 CAICOS DR TAVARES, FL 32778

SUBJECT: CLOVERLAWNCARES LLC

Ref. Number: L17000242715

We have received your document for CLOVERLAWNCARES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

Please return the corrected original and one copy of 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.

Letter Number: 417A00024532

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CLOSER HAWN CARES 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:
RECEIVED  CLOVER LAWN CARES LLC. JAN J. 1 2010  Firm/Company
4464 CAICOS DR. Address
City/State and Zip Code  GYROBERT PM & GMAIL. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (352) 360-9930  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)  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

(Name of the Limi	ted Liability Company as it (A Florida Limited Liability	now appears on our Company)	records.)		
The Articles of Organization for this Limited L	iability Company were fi	iled on <u>NW&amp;M</u> (	<u>3ER 25 2017</u>	_ and as	signed
Florida document number 4/70003427	(5				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liability co	mpany here:			
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation	"LLC" or the abbre	viation "I	L.C."
Enter new principal offices address, if applic	cable:				
(Principal office address MUST BE A STREE	ET ADDRESS)		· -	<u>←</u>	- SEC
				=	<u> </u>
				3	457 <del>4</del> 484
Enter new mailing address, if applicable:				<u> </u>	_목모끈
(Mailing address MAY BE A POST OFFICE	<i>BOX</i> )			<b>30</b>	ST.
				သ	310
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and registered agent and/or the new registered o	or registered office ac	idress on our re	ecords, enter the	ည ၁	<del></del>
Name of New Registered Agent.	Timothy	H ATI	man de		
New Registered Office Address:	113 5 G	ROVE 51 Enter Florida street	address		<u></u> .
	2,4003		_, Florida <u> </u>	272	6
	Cit	v		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 = Ma AMBR = Au	nnager nthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	ROBERT P. MILLER	4464 CAICOS OR TAVARES FL 32778	D-Add
			Remove
			Change
LEGISTEREN HGENT	LENORE MILLER	TAVAROS FL 32778	D Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change
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Filing Fee: \$25.00