

L17000251003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

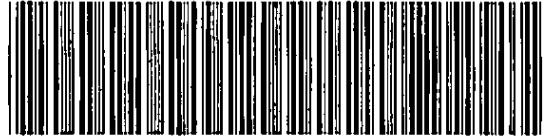
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECURITY

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2018

DANIEL HOWE
1813 LAUREL OAK DR. N
ROCKLEDGE, FL 32955

SUBJECT: LAWN CUTTERY, LLC
Ref. Number: L17000251003

We have received your document for LAWN CUTTERY, LLC and your check(s) totaling \$55.00. 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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 418A00004154

COVER LETTER

**TO: Registration Section
Division of Corporations**

LAWN CUTTERY, LLC

SUBJECT: _____
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:

DANIEL HOWE

Name of Person

LAWN CUTTERY, LLC

Firm/Company

1813 LAUREL OAK DRIVE N.

Address

ROCKLEDGE, FL 32955

City/State and Zip Code

LAWNCUTTERYBREVARD@GMAIL.COM

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

For further information concerning this matter, please call:

DANIEL HOWE 321 720-7846

Name of Person at ()
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

TO
ARTICLES OF ORGANIZATION
OF

LAWN CUTTERY, 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 12/02/2017 and assigned
Florida document number L17000251003

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 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

_____, Florida _____

City

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DEMETRIK MAURICE CEASER	938 VARR AVE	<input checked="" type="checkbox"/> Add
		ROCKLEDGE, FL 32955	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TROY BERRY MERRIEL	1007 PINEDALE RD	<input checked="" type="checkbox"/> Add
		ROCKLEDGE, FL 32955-2206	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MYLES AKINS	1813 LAUREL OAK DRIVE N.	<input type="checkbox"/> Add
		ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TYRONE HAMILTON	938 VARR AVE	<input type="checkbox"/> Add
		ROCKLEDGE, FL 32955	<input type="checkbox"/> Remove
		ADDRESS	<input checked="" type="checkbox"/> Change
MGR	VINCENT HOWE	1813 LAUREL OAK DRIVE N.	<input type="checkbox"/> Add
		ROCKLEDGE, FL 32955	<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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