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TALLAHASSEE FLUKION

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mr. Magoo's Home as Name of Limited Liability C	nd Lawn Services UC
The enclosed Articles of Amendment and fee(s) are submitted for filing	g.
Please return all correspondence concerning this matter to the following	ng:
Amy Waak	Person
Mr. Magais Hom	e and Lawn Services, LLC
1460 Jefferson f	ve ress
H Myers FL City/State at	3390) d Zip Code
AMY, WAAK @ GN E-mail address: (to be used for i	AIL (COM)
For further information concerning this matter, please call:	•
Amy Wack at (2)	39) 281–5386 a Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certif	Filing Fee & ed Copy cal copy is enclosed) 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

(A Piorida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>1/8/18</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	plity company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liab	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		L CR
		N A A
		W SSR
Enter new mailing address, if applicable:	l n/A	3 7 7 7
		:: 07A
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the ne
Name of New Registered Agent:		
Name Descriptioned Office Address		
New Registered Office Address:	Enter Florida street address	
	F	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	•
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, and I am provided for in Chapter 605, F.S. Or,	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

	Authorized Person(s) authorized to from our records:	manage, enter the title, name, and address of	ress of each person being adde	
MGR = Ma AMBR = Au				
<u>Title</u>	Name	<u>Address</u>	Type of Action	
AMBR	Amy Waak	14kap Jefferson Ave	Add	
	J	Ft Myers FL 33901	Remove	
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			Add	
			□ Remove	
			Change	
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ctive effect	date, if other than the date of fil ve date is listed, the date must be specific	ing: and cannot be prior to	tate of filing or mor	(option te than 90 days after f	na1) iling.) Pursuant to 605
<u>::</u> If	the date inserted in this block does no	ot meet the applical	e statutory filing	requirements, this	date will not be liste
imeni	's effective date on the Department of	of State's records.			
			J		1:
	d specifies a delayed effective Oth day after the record is file		an effective tir	ne, at 12:01 a.	m. on the earlie
d	Tan 22	2012			
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		/////	Y		
	Signature	a member or author	ized representative o	f a member	
		Annilil.	IV.		
		EALLING LYN	<u>un</u>		
		Typed or printed	l dame of sionee		

Filing Fee: \$25.00