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	Division of Corporations		
	Fax Number	: (850)617-6383	
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	Account Name	: LEGALZOOM.COM INC.	
	Account Number	: 12001000062	
	Phone	: (323)962-8600	
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LIFETIME LANDSCAPE, LLC

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4/17/2019

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4/17/2019 6:31:21 AM PDT

3239628300 From Meghan Smith

COVER LETTER

TO: **Registration Section Division of Corporations**

LIFETIME LANDSCAPE, LLC SGBJECT:

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:

Cheyenne Moseley ------

Name of Person

Legalzoom.com. Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

lifetimelandscapejax@gmail.com

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

For further information concerning this matter, please call:

800 7 _ at (_____) ___ Area Code 773-0888 ext. 9724 Cheyenne Moseley Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

525.00 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

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4/17/2019 6.31:21 AM PDT

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3239628300 From Meghan Smith

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2019

CHEYENNE MOSELEY 101 N BRAND BLVD 11TH FL GLENDALE, CA 91203

SUBJECT: LIFETIME LANDSCAPE, LLC Ref. Number: L18000023872

We have received your document for LIFETIME LANDSCAPE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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) 245-6050.

Rebekah White Regulatory Specialist III

Letter Number: 519A00005847

:

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability C</u> (A Florida Lia	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 01/26/2018	and assigned
Florida document number 1.18000023872		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	fliability company here:	
The new name must be distinguishable and end with the words "Limite	d Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida struct address	
	Priver Promati space acatess	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> <u>Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Austin Grabow	5521 Chronicle Ct.	🖸 Add
		Jacksonville, FL 32256	🗾 🗹 Кепкоvе
			Add
			Remove
			🗖 Add
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		,,	
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			🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

<u></u>	·····
E. Effective date, if other than the date of filing:	(optional)
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or the date this document is filed by the Florida Department of State)	filed date and cannot be more than 90 days after
Dated <u>3/6/19</u>	·
	id
Signature of a member of auth	orized representative of a member
Zach	ary Brian
Typed or print	

Page 3 of 3

Filing Fee: \$25.00

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