

118000032285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

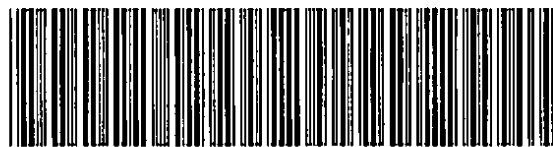
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAR -2 AM 8:15

FILED

MAR 21 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Seasons Lawn & Pest 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:

Christopher W Littlepage
Name of Person

Trimmin' property management LLC
Firm/Company

13846 Crest Lake Dr
Address

Hudson FL 34669
City/State and Zip Code

Trimming on the edge @ Gmail . COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Littlepage at (352) 410 3601
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

ALL Seasons Lawn & Pest Control 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 2/5/2018 and assigned Florida document number L 18000032285.

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)

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Hudson FL 34669
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AT
DRM

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:

Christopher W Littlepage

New Registered Office Address:

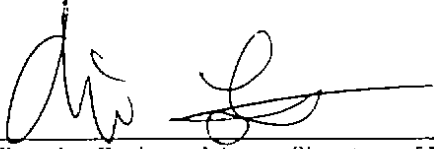
13846 Crest Lake Dr

Enter Florida street address

Hudson, Florida 34669
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

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>
<u>CEO</u>	<u>Christopher W Littlepage</u>	<u>13846 Crest Lake Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Hudson FL 34669</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>MARC K Metzner</u>	<u>16824 Moss Tree LP Apt 115</u>	<input checked="" type="checkbox"/> Add
		<u>Land o Lakes FL 34638</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>Pres</u>	<u>Larry D Craft Jr</u>	<u>14422 GlenRock Rd</u>	<input type="checkbox"/> Add
		<u>Spring Hill FL 34610</u>	<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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TALLAHASSEE, FLORIDA

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TALLAHASSEE FLORIDA

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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)

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 2/24/2020 , _____

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Larry DeLoft Jr.
Typed or printed name of signee