

L18000051616

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Quality Lawn Care LLC  
Name of Limited Liability Company

RECEIVED  
2018 JUL 29 AM 10:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAZONDRA ROSS  
Name of Person  
Quality Lawn Care LLC.  
Firm/Company  
1731 Robert J. Conlan Blvd  
Address  
Palmbay, FL 32905  
City/State and Zip Code  
dazondra.ross49@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dazondra Ross at (321) 557-8702  
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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Quality Lawn Care 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 2/27/2016 and assigned  
Florida document number L180000051616.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Quality Lawn Care of Brevard LLC.

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**)

1731 Robert J Conlan Blvd  
Palm Bay, FL 32905

**Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

2209 Northview St.  
Palm Bay, FL 32905

**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:

N/A  
Enter Florida street address  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ Florida \_\_\_\_\_ 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.*

N/A

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>
			<input type="checkbox"/> Add
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18 JUN 29 PM 2:17  
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JUN 29 PM 2:17  
18  
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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 June 26 2018

Daphnia Ross  
Signature of a member or authorized representative of a member

Dazondra Ross  
Typed or printed name of signer