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COVER LETTER

то;	Registration S Division of Co				
C11D 10	ecr.	MC Landscaping FL L	LC		
SOBJE	ECT:	Name of Lin	nited Liability Company	-	
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			Richard McEachern		
			Name of Person		
			MC Landscaping Fl		
			Firm/Company		
			371 E. 6th Street		
			Address		
			Chuluota, Fl., 32766		
			City/State and Zip Code	_	
			iclandscapingfl@gmail.cor to be used for future annual re		
For fur	ther information	concerning this matter, please c		,	
	Richard 1	McEachern	407	968-2541	
-	Name	of Person	Area Code	Daytime Telepho	ne Number
Enclose	ed is a check for	the following amount:			
	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encle		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		Registratio	f Corporations	ORESS:	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MC Landscaping					
(<u>Name of the Limited Liability Con</u> (A Florida Limite	ipany as it now appears on ed Liability Company)	our records.)		_	
The Articles of Organization for this Limited Liability Compa	ny were filed on 👤 🖊	14/2019	anc	l assig	ned
Florida document number 82-4825515					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company here:				
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the design	nation "LLC" or the al	bbreviation	n "L.L.	C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			2-1-1	19	
			25.5	i	
				- w	
B				ပ်	1
Enter new mailing address, if applicable:				====	1.7
(Mailing address MAY BE A POST OFFICE BOX)				_ _	
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u>2</u>	
			<u>-</u>	+-	
B. If amending the registered agent and/or registered		r records, <u>enter</u>	the nar	me of	the ne
registered agent and/or the new registered office address h	<u>ere</u> :				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida si	treet address	-		
		Florida			
	City		Zıp Ce	ode	

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 ac or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			
			□ Remove
			Change
			Remove
			□ Change
<u>_</u>			
			□ Remove
			Character 1

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	-
	
Note: If	date, if other than the date of filing:
If the recor (b) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated <u> </u>	-Cb 14
	Richard MosEachen Signature of a member or authorized representative of a member
	Richard McEachern
	Typed or printed name of signee

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Filing Fee: \$25.00