

L18000086883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

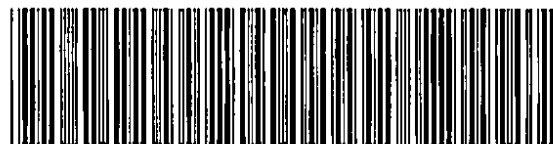
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300317552983

08/27/18--01014--011 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 27 PM 2:13

N. COOPER

AUG 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE REAL TREE & LAWN GUY'S, 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:

AARION S WILLIAMS

Name of Person

THE REAL TREE & LAWN GUY'S, LLC

Firm/Company

7443 FROVE OAK DRIVE

Address

ORLANDO, FL 32810

City/State and Zip Code

ZAGGALER17@GMAIL.COM

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

For further information concerning this matter, please call:

AARION S WILLIAMS

352 901-3395
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

THE REAL TREE & LAWNS GUY'S, 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 04/05/2018 and assigned
Florida document number L18000086883.

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)

7443 GROVE OAK DRIVE

ORLANDO, FL 32810

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 27 PM 2:13

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:

AARION S WILLIAMS

New Registered Office Address:

7443 GROVE OAK DRIVE

Enter Florida street address

ORLANDO

City

Florida 32810

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>
MGR	AARION S WILLIAMS	7443 GROVE OAK DRIVE ORLANDO, FL 32810	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTAVIUS D ROGERS		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		7443 GROVE OAK DRIVE ORLANDO, FL 32810	<input checked="" type="checkbox"/> Change
MGR	RICHARD C WEATHERSPOON		<input type="checkbox"/> Add
		38813 PINE ST UMATILLA, FL 32784	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

18 AUG 27 PM 2:13

FIELD
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 27 PM 2:13

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 22ND OF AUGUST 2018

AARION S WILLIAMS

Filing Fee: \$25.00