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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2019 FEB -8 P 1:13

FEB 14 2013
T. LEMUEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREEN ACRES LAWN & LANDSCAPE, 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:

SEAN PANKALLA
Name of Person
GREEN ACRES LAWN & LANDSCAPE, LLC
Firm/Company
1904 LAKE ROBERTS LANDING DR.
Address
WINTER GARDEN, FL 32787
City/State and Zip Code
SPANKALLA@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEAN PANKALLA at (407) 495-8500
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2019

SEAN PANKALLA
1904 LAKE ROBERTS LANDING DR
WINTER GARDEN, FL 34787

SUBJECT: GREEN ACRES LAWN & LANDSCAPE, LLC
Ref. Number: L18000093744

We have received your document for GREEN ACRES LAWN & LANDSCAPE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 319A00001267

RECEIVED



















2019 FEB -8 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FL

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>
			 Add
			 Remove
			 Change
			 Add
			 Remove
			 Change
			 Add
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			 Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(This area is crossed out with a diagonal line.)

E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

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.

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 JANUARY 7, 2019.

Sean Pankalla

Signature of a member or authorized representative of a member

SEAN PANKALLA

Typed or printed name of signee