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(Re	equestor's Name)	<del></del>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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June 21, 2018

ZACHARY HARTMAN 705 W MARION AVE PUNTA GORDA, FL 33950

SUBJECT: HARTMAN'S TREE AND GROUND MAINTENANCE LLC

Ref. Number: L18000105407

We have received your document for HARTMAN'S TREE AND GROUND MAINTENANCE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 718A00013011



## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	CV+Mans Ive	ed Liability Company	maintenance
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Zachar	y Hartman Name of Person	<u> </u>
		el and Ground MC	ainhenance LLC
	105 West	MCW1 M Aul	
		707A0 Fl 3395 City/State and Zip Code	50
	Hartmar E-mail address: (to	o be used for future annual report notifi	l. Com
For further information cor	ncerning this matter, please cal	II:	
Zachary F Name of F	Hartman Person	at (941) 467- Area Code Daytime	2933 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

Hartmans	Iree C	ind Grou	und mai	inenance Lle
( <u>Name of the Limited</u> (A	Liability Compan Florida Limited L	v as it now appears on ability Company)	our records.)	- <del></del>
The Articles of Organization for this Limited Liab	oility Company v 5407	were filed on	36/18	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the	he limited liabil	lity company here:		
The new name must be distinguishable and contain the work	ds "Limited Liabili	ty Company," the design	ation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	705	WYST M	arion ave
(Principal office address MUST BE A STREET	ADDRESS)	- Punta	Goyda	<u>F1 33950</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	705 Punta	West M Gorda	arion ave P1 33950
B. If amending the registered agent and/or registered agent and/or the new registered office	· ·		r records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	<u>Kyle</u>	Hartmo	ìn	
New Registered Office Address:	705	West Mo	rion ave	<u>?</u>
	Dunte	Enter Florida si	reet address, Florida _	33950
	•	CW.		LIJI CIMIC

## 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

Page 1 of 3

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>	Address	Type of Action
MGR	Zainary Hartman	705 West Marion Ave	Ndd
			☐ Remove
		11	☐ Change
			Add
			Remove
			Change
	-		□ Add
			□ Remove
			Change
			Add
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If an effective date i <b>Note:</b> If the date	if other than the date is listed, the date must be se inserted in this block of tive date on the Depart	specific and cannot be does not meet the ap	plicable statutory	or more than 90 days	optional) after filing.) Pursu , this date will n	iant to 605.020 ot be listed a.
	cifies a delayed eff y after the record		t not an effecti	ve time, at 12:0	01 a.m. on th	ne earlier o
Dated	7-7-18	·	·			
	7-7-18 3ag	chary Han	+ Man authorized represen	tative of a member		
			fartmar printed name of sign			

Page 3 of 3

Filing Fee: \$25.00