

L18000110089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

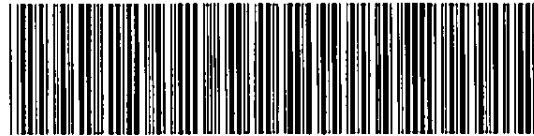
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MAY 29 PM 1:50
2018

N. CAUSSEAU

MAY 31 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Precision Palm 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:

Mark A Newcomb
Name of Person

Precision Palm LLC
Firm/Company

13314 Monarch Dr
Address

Punta Gorda FL 33955
City/State and Zip Code

Mark93.mobley@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arneigh Newcomb at (941) 661-0548
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 checked="" 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

Attention: Ms. Nanette 850-245-6030
RE: Precision Palm LLC (L18000110089)
Name Change to
Elite LawnCare SWFL LLC

From: Ashleigh Newcomb
941-661-0548

Thank you !

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

None

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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DIVISION OF REVENUE
2018 MAY 29 PM 1:50

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

2011 MAY 29 PM 1:30

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SECRETARY
MAY 29 PM 1:50

E. Effective date, if other than the date of filing: 05/22/2018 (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

05/30/2018

Max Mowse

Signature of a member or authorized representative of a member

Mark A. Newcomb

Typed or printed name of signet: