## 21800110509

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(Address)			
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(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)			
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DIVISION OF CORPORATIONS 18 JUL 13 PH 12: 10

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## **COVER LETTER**

TO: Registration Section Division of Corporations SUBJECT: Johnny B Lawn Care 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:



For further information concerning this matter, please call:

Area Code at (561) 808-493/ Daytime Telephone Number

Enclosed is a check for the following amount:

**X** \$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)

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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 A TO ARTICLES OF O O	O PRGANIZATION	
(Name of the Limited Limited Limited L (A Florida Limited L	Lawn Care L ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $L(8000(10509))$ .	were filed on May 2/2	O [ Sand assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u> $\mathcal{N}/\mathcal{A}$	<u>lity company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A ·	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	D/A:	UL 13 PH 12: 1.0
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>ent</u> :	er the name of the new
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street address	
	Florida	
	Ciņy	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>	Name	Address	Type of Action
<u>Ms.</u>	Alexus Brean	15286 97th RdN	<b>≝ī_</b> ∧dd
		West Palm Beach71	Remove
		33412 51% our	Change
MR.	JEQN BREan.	15286 97 HRd N	🗆 Add
		West Palm Beach 71	□ Remove
		33412 49% own	Ra Change
			□ Add
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<del>.</del>			🗆 Add
			🗆 Remove
			Change

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

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E. Effective date, if other than the date of filing: <u>JUWC</u> <u>JZO(S</u> (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing of 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.

Jun Dated \_\_\_ <u>Ularino Brean</u> native of a member Signature of a member or authorized representative of a member JEGN BREan Typed or printed name of signee

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Filing Fee: \$25.00