

1800C 130 231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

08/11/18--01015--021 • \$25.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

STATE LIBRARY OF STATE
REGISTRATION OF CORPORATIONS

19 SEP 11 PM12:10

SEP 12 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLOVER LANDSCAPING LIMITED LIABILITY COMPANY
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:

LUCRETIA A GLOVER

Name of Person

GLOVER LANDSCAPING LIMITED LIABILITY COMPANY

Firm/Company

4612 COURTLAND STREET

Address

TAMPA, FL 33610

City/State and Zip Code

LUCRETIAWELLS73@YAHOO.COM

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

For further information concerning this matter, please call:

LUCRETIA A GLOVER

Name of Person

813 519-7921

at () Area Code

Daytime Telephone Number

FLORIDA STATE
DIVISION OF CORPORATIONS
19 SEP 11 PM12:10

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

GLOVER LANDSCAPING LIMITED LIABILITY COMPANY

(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 ~05/24/2018 and assigned Florida document number L18000130231.

This amendment is submitted to amend the following:

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)

4612 COURTLAND STREET

TAMPA, FL 33610

19 SEP 11

FLORIDA
STATE
DEPARTMENT OF
CORPORATIONS

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

19 SEP 11

FLORIDA
STATE
DEPARTMENT OF
CORPORATIONS

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:

LUCRETIA A GLOVER

New Registered Office Address:

4612 COURTLAND STREET

Enter Florida street address

TAMPA

, Florida 33610

City

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	LUCRETIA A GLOVER	4612 COURTLAND ST TAMPA, FL 33610	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	TINA GLOVER		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

Sec. 12, 2019 10:36AM AMSCOT FINANCIAL

No. 7641 P. 7

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

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 **SEPTEMBER 3** 2019

Signature of a member or authorized representative of a member

LUCRETIA A GLOVER

Typed or printed name of signee