

118000138120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300315224333

07/05/18--01006--015 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 JUL 5 AM 10:49

FILED

045  
07/11/18

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Florida Lawn Masters, 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:

Antonio Mansilla Derqui  
\_\_\_\_\_  
Name of Person  
  
Florida Lawn Masters, LLC  
\_\_\_\_\_  
Firm/Company  
  
3669 MAIDENCAIN ST  
\_\_\_\_\_  
Address  
  
CLERMONT, FLORIDA 34714  
\_\_\_\_\_  
City/State and Zip Code  
  
FLORIDALAWNMASTERS@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIO MANSILLA DERQUI                      305                      762 - 2399  
\_\_\_\_\_  
Name of Person                      at (\_\_\_\_\_)                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



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>
P	MANSILLA DERQUI, ANTONIO	3669 MAIDENCAIN ST	<input type="checkbox"/> Add
		CLERMONT, FL 34714	<input type="checkbox"/> Remove
		Change title to Member	<input checked="" type="checkbox"/> Change
VP	MANSILLA DERQUI, XIOMARA	3669 MAIDENCAIN ST	<input type="checkbox"/> Add
		CLERMONT, FL 34714	<input type="checkbox"/> Remove
		Change title to Member	<input checked="" type="checkbox"/> Change
O	MANSILLA DERQUI, BRANDON	3669 MAIDENCAIN ST	<input type="checkbox"/> Add
		CLERMONT, FL 34714	<input type="checkbox"/> Remove
		Change title to Member	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ALLAHAMSI  
FLORIDA  
AM 10/4/10  
JUN 10 2010

FILED

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

· ADD EIN 83-0872007 to Florida Lawn Masters, LLC

CHANGE OF TITLES

MANSILLA DERQUL ANTONIO P to MEMBER

MANSILLA DERQUL XIOMARA VP to MEMBER

MANSILLA DERQUL BRANDON O to MEMBER

2018 JUL 5 AM 10:43  
STATE DEPT OF REVENUE  
TALLAHASSEE, FLORIDA

FILED

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

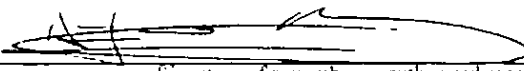
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 JUNE 28 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ANTONIO MASNILLA DERQUI

\_\_\_\_\_  
Typed or printed name of signee