## 118000 194752

(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

A. RIVERS
JAN 0 4 2022



800377910948

12/16/21--01017--010 \*\*25.00

2021 DEC 16 PH 3: 14

## **COVER LETTER**

Registration Section

TO:

Division of Corporations	
SUBJECT: DOLLAND Name of Lin	MA: 1 TE NANCE LLC. mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matte	r to the following:
<u>J</u> EROME	Name of Person
<del></del>	Firm/Company
2006 8	WATER AVE
TAMPA  Aust mois  E-mail address:	City/State and Zip Code  19(13 • 9ma, 1, v) w (to be used for paper annual report notification)
For further information concerning this matter, please of	$\nu$
Gronne Donne	at (83) 748-8600
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Loyal LAWN MI	FINTENANCE LLC.
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>4/8000/94/75</u> 2	were filed on 8/14/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	2006 E. WATERS ACC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2006 E. WATEN AVE JAMOA FIA 33604
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida 2 8 Zip Gale
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	Address	Type of Action
<u>P</u>	John J. SR Speight	TAMPA Flo 33604	
	V	TAMPA FIB 33404	□Remove
			□Change
<u>VP.                                    </u>	JEROME A. Speigh	HA 2006 E. WATEN AVE TAMPA - FIA 33601	
		TAMPA - TA 33601	□Remove
			□Change
		:	□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
		<del></del>	□Remove
			□ Change
			□Add
			□Remove
			Change

				•			
	<del></del>	<del></del> .					
	_					<del></del>	
	···	,		_			
	<u></u>						
					_		
		<del></del>					
-			<del></del>	<del></del>			
<del></del>				<del></del> ,			
		<del></del>					
<del></del>	<del></del>				<u> </u>		
					, <u>.</u>		
	<u></u>						
	<u> </u>		_	<u> </u>		<del></del>	
_		.,	<del></del>	· <del>***</del>			
						·	
ote: If the c	ate is usted, the date late inserted in this	the date of filing must be specific and s block does not n e Department of S	i cannot be prior to one the capplicable	date of filing or more	(option than 90 days after the equirements, this	nal) iling.) Pursuant to 605.0 date will not be listed	)207 1 as
	fies a delayed effe	ctive date, but not	an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	the
record speci Lis filed.							
record speci t is filed.	14/200/	<del></del> -	1 1	د ۵			
l is filed.	14/2004	Prone Signature of a P	Dei fel	Ded representative of	a member	·	

Filing Fee: \$25.00