# L18000220378

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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### **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT:	Honorable L Name of Lim	Laun Care Serv ited Liability Company	ices LLC		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	•	Robinson Sr Name of Person			
	Honorable	Lawn Care Service Firm/Company	ies LLC		
	207	W 27th St Apt Address	1		
	Jackson	City/State and Zip Code	<u></u>		
	<u> </u>	89 @ GMail Com to be used for future annual report notifi	cation)		
For further information	concerning this matter, please ca	all:			
Quy nn Nume	Robinson Sr	at (904) 947 Area Code Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee	S30.00 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



November 7, 2018

QUYNN ROBINSON SR. HONORABLE LAWN CARE SERVICES LLC 207 W 27TH ST. APT. 1 JACKSONVILLE, FL 32206

SUBJECT: HONORABLE LAWN CARE SERVICES LLC

Ref. Number: L18000220378

We have received your document for HONORABLE LAWN CARE SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please list a complete address for each manager and authorized member designated in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (805) 245-6000.

Letter Number: 018A00023029

Brenda L Vorisek Director

www.sunbiz.org

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability	ble Lown Give Services L lity Company as it now appears on our records.)  da Limited Liability Company)
	Company were filed on Sept 17, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lim	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	18 18 18
(Principal office address MUST BE A STREET ADDI	RESS) A T
	등 구 <u>변</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:  New Registered Office Address:	istered office address on our records, enter the name of the new dress here:  Quynn Robinson  207 w 27 +h St Apt 1  Enter Florida street address
	Jacksonville , Florida 32206
Name Baristand Armed Circums if the size Baris	City Zip Code
provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	t and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is red office address, I hereby confirm that the limited liability
F Harman	1/
ر. نازی	If Changing Registered Agent, <u>Signature of New Registered Agent</u> Page 1 of 3

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
MGR	Ouynn Robinson Sr	207 w 27thst Apt 1	O-Add
		32206 Jacksonville FL	🗆 Remove
MGR	Brandon Robinson	Sr 7110 Lorain	Add
		32208 Jacksonville, FL	E Remove
			Change
AMBR	Ezan Robinson	365 Birch st	□ Adđ
		32206 Jacksonville, FL	DRemove
		<del></del>	Change
			_□ Add
			Remove
			_ Change
			_D Add
			Remove
			Change
<u></u>			□ Add
			_ Remove
			_□ Change

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an effe ote:	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ated _	Sept 17, 2018
	Signature of a member or authorized representative of a member
	Nanature of a member or authorized representative of a member
	Duynn Robinson Sr Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00