119000032939

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Amend

APR 1 7 2019 I ALBRITTON

COVER LETTER

TO:			porations		
SUBJE	CT:	MEYER'S			
			Name of Lim	ited Liability Company	
The end	closed	Articles of	Amendment and fee(s) are sub	mitted for filing.	1
Please r	return	all correspo	ndence concerning this matter	to the following:	
		at (
				Name of Person	
				Firm/Company	
			633 BRIARWOOD RD		
				Address	
			VENICE FL 34293		
			2mylawnguy@gmail.com	City/State and Zip Code	
			E-mail address: (I	to be used for future annual report no	otification)
For furt	her inf	ormation co	oncerning this matter, please ca	all:	
STEPH	EN E	MEYER			
		Name of	Person		ime Telephone Number
Enclose	d is a	check for the	e following amount:		
\$ 25	.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

MEYER'S MOWING SRQ LLC			~	9
(Name of the Limited	d <mark>Liability Company as it n</mark> A Florida Limited Liability C	ow appears on our reco	ords.)	
The Articles of Organization for this Limited Lia	hility Company word fil	on 02/01/2019	• -	ر، دے اماکات اماد
Florida document number L19000032939		led on	a	and assigned
This amendment is submitted to amend the follow	wing:			- 3.
A. If amending name, enter the new name of t	the limited liability cor	npany here:		
he new name must be distinguishable and contain the wo	rds "Limited Liability Comp	any," the designation "L	LC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applical	ble:			
Principal office address MUST BE A STREET	'ADDRESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE B	(OX)	· · · · · · · · · · · · · · · · · · ·		
	<u></u>			
			· · ·	
B. If amending the registered agent and/or	r registered office ad	dress on our reco	rds, enter the r	name of the m
registered agent and/or the new registered offi			,	, , , , , , , , , , , , , , , , , , , ,
Name of New Registered Agent:				
N. D. C. JOSE All				
New Registered Office Address:		Enter Florida street add	ress	
	City		Florida	Code
New Registered Agent's Signature, if changing Re	,			
hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registreing filed to merely reflect a change in the resonance has been notified in writing of this classes.	r and complete perforn ered agent as providec gistered office address	nance of my duties, I for in Chapter 60	and I am familions, F.S. Or, if this	ar with and s document is
, 3,	5			

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>	Type of Action
MGR	STEPHEN E MEYER	633 BRIARWOOD RD, VENICE FL 34293	■ Add
			Remove
			Change
			Remove
			Change
			Add
			☐ Řemove
			□ Change
			A'dd
			□ Remove
			Change
		-	Add
			Remove
			Change
			
			□ Remove
			Change

nending any other information, enter change(s) here: (Attach additional sheets, if necessary.,	, 1
	
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ctive date, if other than the date of filing:	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. one 90th day after the record is filed.	n the earlie
d 4/8/19.	
Signature of a member or authorized representative of a spember	
Signature of a member of authorized representative pr a member	
Tephen Meyer Typed or printed name of signee	

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Filing Fee: \$25.00