

19000036900

(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



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03/22/19--01013--012 **25.00

SECRETARY OF STATE
MAIL ROOM

2019 MAR 22 PM 4:46

APPROVED
AND
FILED

T.G.
2/2/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW EDITION LAWN CARE 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:

RODOLFO CRUZ

Name of Person

Firm/Company

1231 DAMEN ST E

Address

LEHIGH ACRES, FL 33974

City/State and Zip Code

rudycruz1715@gmail.com

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

For further information concerning this matter, please call:

RODOLFO CRUZ

239

298-3233

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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

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SECRETARY OF STATE
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>
AMBR	ARACELI PEREZ HERNANDEZ	1231 DAMEN ST E LEHIGH ACRES, FL 33974	<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
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AND
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2019 MAR 22 PM 5:10
GEORGETOWN STATE
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100 MARKET STREET

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AND
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DEPT OF STATE
INVEST. UNIT

(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)

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signer