## L19000074842

|                      | Requestor's Name)    |             |
|----------------------|----------------------|-------------|
|                      |                      |             |
|                      | Address)             |             |
|                      | (Address)            |             |
|                      |                      |             |
|                      | City/State/Zip/Phone | : #)        |
| PICK-UF              | WAIT                 | MAIL        |
|                      | Business Entity Nam  |             |
|                      |                      | ·- <b>,</b> |
|                      | (Document Number)    |             |
| Certified Copies     | Certificates         | of Status   |
| Special Instructions | to Filing Officer:   |             |
|                      |                      |             |
|                      |                      |             |
|                      |                      |             |
|                      |                      |             |
|                      |                      |             |
| L                    |                      |             |

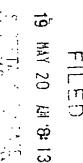
Office Use Only



500329422575

05/20/19--01027--009 \*\*30.60

JUN 07 2019 S. YOUNG



## **COVER LETTER**

| TO: Registration Section . Division of Corporations .   |
|---|
| SUBJECT: 6 CHELON LAWIN SERVICES, 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:   |
| CHARLES SOHNSONSR<br>Name of Person   |
| ELHELON LAWN SENVIES LLL Firm/Company   |
| 11130 SILVER FERNWAY  |
| City/State and Zip Code                                 |
| For further information concerning this matter, please call:  |
| CHARLES JOHNSON, JR at (813) 947-3498  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| □ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

GRACIAN I ANN STONICES 1:4

| (Name of the Limited)  | Liability Comp<br>Florida Limited | any as it dov<br>Liability Co | w appears on ompany) | ur records.)     |                | _                                       |
|--|-----------------------------------|-------------------------------|----------------------|------------------|----------------|---|
| The Articles of Organization for this Limited Liab   |                                   | •                             |                      | 117/20           | \ <u>0</u> and | d assigned                              |
| This amendment is submitted to amend the follow  | ing:                              |                               |                      |                  |                |   |
| A. If amending name, enter the new name of the   | ne limited lia                    | bility comp                   | oany here:           |                  |                |   |
| The new name must be distinguishable and contain the word                                    | ds "Limited Liab                  | oility Compan                 | y," the designa      | tion "LLC" or th | e abbreviation | n "L.L.C."                              |
| Enter new principal offices address, if applicab   | le:                               |                               |                      |                  |                | <u> </u>                                |
| (Principal office address MUST BE A STREET)  | ADDRESS)                          |                               |                      | <del></del>      | <u> </u>       | <del>2</del> 11                         |
|  |                                   |                               |                      | <u> </u>         |                | 1 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| Enter new mailing address, if applicable:  |                                   |                               |                      |                  |                | 至〇                                      |
| (Mailing address MAY BE A POST OFFICE BO   | )X)                               |                               |                      |                  | *              | ÇÇ.                                     |
|  | -                                 |                               |                      |                  | 1.0 pm         | E ,                                     |
| B. If amending the registered agent and/or registered agent and/or the new registered office |                                   |                               | ress on our          | records, ent     | er the na      | me of the new                           |
| Name of New Registered Agent:  | CHA                               | ries                          | -20HV                | 50N, J           | <u>r</u>       |   |
| New Registered Office Address:   | 11130                             | SILV                          | ER F                 | ERN WY           | 94             |   |
|  | RIVER                             | VIEW                          |                      | , Florida        | 339<br>Zip C   | 569<br>Jode                             |
| New Registered Agent's Signature, if changing Reg  | sistered Agent                    | ·•                            |                      |                  |                |   |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

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 |
|--------------|-------------------|---|----------------|
| MgR /        | CHARLES J JOHNSON | IJR 11130 SILVER FERN W<br>RNERVIEW FL, 33569 | A Add          |
|              |                   |   | □ Remove       |
|              |                   |   | Change         |
|              |                   |   |                |
|              |                   |   | □ Remove       |
|              |                   |   | Change         |
|              |                   |   | Add            |
|              |                   |   | □ Remove       |
|              |                   |   | 🗆 Change       |
|              |                   |   | □ Add          |
|              |                   |   | Remove         |
|              |                   |   | □ Change       |
|              |                   |   | □ Add          |
|              |                   |   | Remove         |
|              |                   |   | Change         |
|              |                   |   | □ Add          |
|              |                   |   | _ Remove       |
|              |                   |   | Change         |

| _                   |   |
|---------------------|---|
|                     |   |
|                     |   |
|                     |   |
| -                   |   |
|                     |   |
| _                   |   |
| _                   |   |
| _                   |   |
|                     |   |
| _                   |   |
|                     |   |
| _                   |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |
|                     |   |
| CC 4'               | dans to all a sales also dans of Clause   |
| an effec<br>ote: If | e date, if other than the date of filing:   |
|                     | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed. |
| ated _              | Charles Man JR.  CHARLES JOHNSON JR.  CHARLES JOHNSON JR.   |
|                     | ("halls throng I VR.  |
|                     |   |
|                     | Signature of a member or authorized representative of a member  |

Page 3 of 3

Filing Fee: \$25.00