L19000101501

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	ROM
	170 \$ 9/20/2024

Office Use Only



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11/07/24--01013--002 **548.25

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October 14, 2024

ANNA RYALS 36206 PINETREE ST FRUITLAND PARK, FL 34731

SUBJECT: J&R LAWN CARE, LLC

Ref. Number: L19000101501

We have received your document for J&R LAWN CARE, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$546.25. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2022 annual report. The entity must be reinstated before this document can be filed.

the fee for the amendment is \$30.00 the total amount due 546.25

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 (850) 245-6050.

SHANTELL BROWN Regulatory Specialist II

DECEIVED 1003 0 2024

Letter Number: 324A00022640

COVER LETTER

TO:

TO: Registration Se Division of Cor			
	N CARE, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	endence concerning this matter	to the following:	
	ANNA RYALS		
	<u> </u>	Name of Person	_
	J&R LAWN CARE LLC		
		Firm/Company	
	36206 PINETREE STG		
		Address	_
	FRUITLAND PARK, FL	34731	
	- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	City/State and Zip Code	
	J&REXPRESSLAWNCAR	_	
	E-mail address: ((to be used for future annual report notification)	i :
For further information c	oncerning this matter, please o	call:	_
ANNA RYALS		321 9458302 at ()	::
Name o	f Person	Area Code Daytime Telephone Numb	
Enclosed is a check for the	ne following amount:		(د.
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	Filing Fee, cate of Status & ed Copy nat copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Section Division of Corporations	
P.O. Box 632	-	The Centre of Tallahassee	
Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J&R LAWN CARE, LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
ne Articles of Organization for this Limited Liability Company were filed o	on 4/12/2019 and assigned
orida document number L19000101501	
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability compa	ny here:
&R EXPRESS LAWN CARE, LLC	
ne new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	7)
nter new mailing address, if applicable:	
A TE LI MAN DE A DOCT OFFICE DON	· · · · · · · · · · · · · · · · · · ·
Tuning address MAT BE A FOST OFFICE BOAT	
	
. If amending the registered agent and/or registered office address on ogent and/or the new registered office address here:	our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	er Florida street address
Cin	, Florida

New Registered Agent's Signature, if changing Registered 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
			🗆 Add
			□Remove
			□ Add
			□Remove
			Change
Name of the Associations			□Add
			□Remove
		——————————————————————————————————————	☐ Change
			□Add
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			Change
			□ Add
			🗆 Remove
			□ Change
			□Add
			□Remove
			□ Change

Page 2 of 3

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing e e: If the date inserted in this block does not meet the applicable statutory f	
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effectivne 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlie
ed 10/14/2024.	
ed 10/14/2024 Our PRUS Signature of a member or authorized representa	

Page 3 of 3

Filing Fee: \$25.00