

L19000120979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

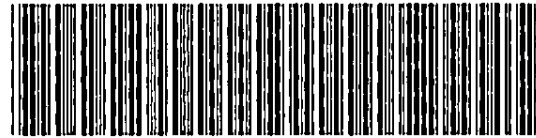
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Spoke with R. Kutor on 12/8/20  
Approved all changes made to  
the LLC. (No <sup>Entity</sup> Name change)

Office Use Only



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2020 OCT 29 AM 9:59

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Undercutters Lawn and Landscape 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:

Robert Kukar

\_\_\_\_\_  
Name of Person

Undercutters Lawn and Landscape LLC

\_\_\_\_\_  
Firm/Company

1929 Amalfi Ct

\_\_\_\_\_  
Address

St Augustine Florida 32092

\_\_\_\_\_  
City/State and Zip Code

undercutterslawnandland@gmail.com

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

For further information concerning this matter, please call:

Robert Kukar

\_\_\_\_\_  
Name of Person

904  
at (\_\_\_\_\_) Area Code

901-1038  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Undercutters Lawn and Landscape LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05-03-2019 and assigned  
Florida document number L19000120979.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7631 Palmo Fish Camp Road  
St Augustine Florida 32092

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**


Name of New Registered Agent:

New Registered Office Address:

7631 Palmo Fish Camp Road  
Enter Florida street address  
St. Augustine, Florida 32092  
City Zip Code

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert Kukar		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		7631 Palmo Fish Camp Road	<input checked="" type="checkbox"/> Change
MGR	Melissa Kukar	St. Augustine FL 32092	<input type="checkbox"/> Add
		1929 Amalfi Ct. ST Augustine Florida 32092	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Janice Kukar		<input type="checkbox"/> Add
		1929 Amalfi Ct. ST Augustine Florida 32092	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

I am changing the title of Robert Kukar from CEO to MGR. I am also changing the address for the business to be sl

I am removing Melissa Kukar from the business records

I am removing Janice Kukar from the business records

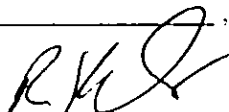
**E. Effective date, if other than the date of filing:** November 1, 2020 **(optional)**

(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);

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 27, 2020



Signature of a member or authorized representative of a member

Robert Kukar

Typed or printed name of signee