# L19000125240

| (Requestor's Name)   |             |
|--|-------------|
| (Address)  | 5003349     |
| (Address)  |             |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL                |             |
| (Business Entity Name)                                     | 99/27/19916 |
| (Document Number)  Certified Copies Certificates of Status |             |
| Special Instructions to Filing Officer:                    |             |
| Office Use Only  |             |



37065



OCT 1 4 2019 I ALBRITTON

### **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |   | • .   |   |
|--|---|---|---|
| SUBJECT: YA                              | PÓS LAWN O<br>Name of Lim                     | nd Landscape  ited Liability Company                                | LLC   |
| The enclosed Articles of A               | mendment and fee(s) are sub                   | mitted for filing.  |   |
| Please return all correspon              | dence concerning this matter                  | to the following:   |   |
|  | Austin -                                      | Trapp<br>Name of Person   |   |
|  | Trapps  | LAWA AND LAY Firm/Company   | rdscape LLC   |
|  | 800 Brian                                     | Address   |   |
|  | <u> Lehigh</u> Ac                             | City/State and Zip Code   |   |
|  | Trappslawn                                    | and lands cape @cook to be used for future annual report notific    | amail. (oM  |
| For further information con              | ncerning this matter, please ca               | all:  |   |
| AUSTIN TY<br>Name of I                   | OPP<br>Persoh                                 | at (254) 203 - Area Code Daytime                                    | 74393<br>Telephone Number   |
| Enclosed is a check for the              | following amount:                             |   |   |
| □ \$25,00 Filing Fee                     | \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## TO ARTICLES OF ORGANIZATION OF

| Trapp's LALUM and  | Landscape L<br>any as it now appears on our records.<br>Liability Company) | LC                           |
|--|--|------------------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited   | any as it now appears on our records.<br>Liability Company)                |                              |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L19000125240</u> .          | were filed on MAY 8 + 20   | and assigned                 |
| This amendment is submitted to amend the following:  |  |                              |
| A. If amending name, enter the new name of the limited liab  | ility company here:  |                              |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity 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)               |  | 77.0                         |
| Enter new mailing address, if applicable:<br>( <u>Mailing address MAY BE A POST OFFICE BOX)</u>                        | 800 Brian F<br>Jehigh Acres<br>FL, 39971                                   | Ave N                        |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | ffice address on our records,<br>e:  | enter the name of the new    |
| Name of New Registered Agent:  |  |                              |
| New Registered Office Address:   | Enter Florida street address   |                              |
|  | , Flor   |                              |
|  | 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.

# or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>   | Address              | Type of Action |
|--------------|---------------|----------------------|----------------|
| VP_          | Richard Trapp | 17473 Old Harmony DR | Add            |
|              |               | F1 myers FL 33908    | Remove         |
|              |               |                      | Change         |
| <u> </u>     | Austin Trapp  | 800 Brian Ave N      | Add            |
|              |               | Jehigh Acres FL,     | □ Remove       |
|              |               | 33971                | Change         |
|              |               |                      | Ađd            |
|              |               |                      | ☐ Remove       |
|              |               |                      | Change         |
|              |               |                      | Add            |
|              |               |                      | 🗆 Rеточе       |
|              |               |                      | Change         |
| <del></del>  |               |                      |                |
|              |               |                      | Remove         |
|              |               |                      | Change         |
|              |               |                      | Add            |
|              |               |                      | Remove         |
|              |               |                      | Change         |

| E. Effective date, if other than the date of filing:   |
|--|
| (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)(6)  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 September 20, 2019.  |
| Dated September 20 , 2019.  Australian June Signature of a member or authorized representative of a member   |
| Typed or printed name of signee  |

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Filing Fee: \$25.00