

L19 000 133 273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

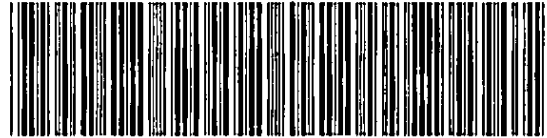
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2021

JASON KEMKER  
PO BOX 2051  
LAKELAND, FL 33806

SUBJECT: TODD'S PRESSURE WASHING & OUTDOOR SERVICES LLC  
Ref. Number: L19000133273

We have received your document for TODD'S PRESSURE WASHING & OUTDOOR SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a LIMITE LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 821A00023027

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Todd's Pressure Washing & Outdoor 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:

Colleen Kemker  
Name of Person

Todd's Pressure Washing & Outdoor Services, LLC  
Firm/Company

PO Box 2051  
Address

Altland, FL 33806  
City/State and Zip Code

Jason@toddsoutdoorservice.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Kemker at (863) 860-1594  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee  
Previously Paid

☐ \$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**

Todd's Pressure Washing + Outdoor Services, 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 5/16/2019 and assigned Florida document number L19000133273.

This amendment is submitted to amend the following:

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

Todd's Outdoors Service, LLC

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)

205 Keystone RD  
Auburndale, FL 33823

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

205 Keystone RD

Enter Florida street address

Auburndale

City

Florida

33823

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>
AP	Colleen Kemker	205 Keystone Rd Auburndale	FL 33823 <input checked="" type="checkbox"/> Add
		924 Osceola St Lakeland	FL 33801 <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jasen Kemker	205 Keystone RD Auburndale	FL 33823 <input checked="" type="checkbox"/> Add
		924 Osceola St Lakeland	FL 33801 <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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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

**Filing Fee: \$25.00**