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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Stanley And Sons LAWN CARe LCC 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:
Macie Fostee Name of Person
Firm/Company
12333 Yellow Rose Cie
Riverview FL, 33569  City/State and Zip Code
Stanley and sons le @ gmail . com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Manie of Person at (813) 421-3069  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \( \text{Certificate of Status} \) \( \text{Certified Copy} \\ \text{(additional copy is enclosed)} \) \( \text{Certified Copy} \\ \text{(additional copy is enclosed)} \)

## 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 TO ARTICLES OF ORGANIZATION OF

Stanley and	sons Lawn Care 11C
(A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	lity Company were filed on $\frac{5 21 2019}{}$ and assigned
Florida document number <u>L 1900013 6</u> -	<u>149</u>
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable:	XX) TASS 20 SS TO TO THE PERSON TO THE PERSO
(Mailing address MAY BE A POST OFFICE BO	X)
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
registered agent anarol the new registered office	e address here:
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	Enter Florida street address
_	, Florida
	City: Zin 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Stanley Foster Je	12333 Yellow Pose Cir	<b>DXX</b> dd
	,	12333 Yellow Pose Cie Riverview, Fl., 33569	🗆 Remove
		<del>.</del>	Change
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			□ Remove
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<u>ote:</u> If t	date, if other than the date of filing:	)207 l as :
The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier Oth day after the record is filed.	r of:
	Sept 6th 2019.  Kari Forter  Signature of a member or authorized representative of a member	
ated		
ated	Kani Forter	

Page 3 of 3

Filing Fee: \$25.00