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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CUrb Appeal Lawn Maintenance 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:	
Faviar J. Hurter Name of Person	
City Bosen Law Mainterance Firm/Company	
370 Sw Hegelway	
LOKE CHY FI. 32024 Gity/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Finclosed is a check for the following amount:	77.10
Enclosed is a check for the following amount:	רי
□ \$25.00 Filing Fee	

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

(Name of the Limited Liability	DO MOUNTAGOR III	
(A Florida	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L190016739</u>	Company were filed on <u>Jyce 26, 2019</u> and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDR	RESS)	•
	10 15	
	The second secon	
Enter new mailing address, if applicable:		:
(Mailing address MAY BE A POST OFFICE BOX)	က် ကို ကို လိုက်က ကို သို့ဝင်)
	0.51	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of the nederess here:	w
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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>	Address	Type of Action
AMBR	Favian J. Hunter	370 EW regel way we city Fl	<u>-</u> [d Add
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n effe o <u>te:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier 6 90th day after the record is filed.
ted ₋	August 5 . 2019.

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Filing Fee: \$25.00