# 119000 204424

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(City/State/Zip/Filotte #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	

Office Use Only



000333495230

08/28/19--01011--016 \*\*25.00

2019 AUG 28 AM 8: 15

Y SULKER SEP 09 2019

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FINISHINE LAW CARE LIC  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:
Csianna, EDmond Name of Person
FINISH LINE LAWN CATE Firm/Company
2318 Lawrence Han St
Ruskin, Fl 33570 City/State and Zip Code
Dino 68 67 69 9 mail - Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Crianna Ewmond at (941) 586-0168  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$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/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 Con	DEANY AS IT NOW ADDRESTS ON OUR PECOFORS.)
(A Florida Limit	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>119000204424</u> .	any were filed on $8 - 12 - 209$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	φ .
Name of New Registered Agent:	· 3
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:

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
CKO	Doshua Shelman III	2318 Lawrence Hall St	Add
		Ruskin, Fl 33570	Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			🗆 Add
			□ Remove
			🗆 Change
			□ Add
			Remove
			Change

<del></del>	
_	
_	
_	
f an effec <u>Note:</u> H	te date, if other than the date of filing:
The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier about day after the record is filed.
	8-23-2019
Dated _	<del></del>
Dated _	8-23-2019  Glanna Elmonol  Signature of a member or authorized representative of a member  Ciana Elmonol  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00