## Elouida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN

Account Number : 076077001654 Phone : (813)273-4229 Fax Number : (813)273-4396

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CG LAWN CARE LLC

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CG LAWN CARE LLC					
(Name of the Lim	ited Liability Comp: (A Florida Limited	апу as it now appears ол ou Liability Company)	r records.)		
The Articles of Organization for this Limited I Florida document number L19000211793	Liability Company	were filed on 08/19/201	9	and assig	ned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited ligh	ollity company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abb	reviation "L.L.(	3.11
Enter new principal offices address, if appli	cable:	109 S. Boyd Street			
(Principal office address MUST BE A STRE)	ET ADDRESS)	Unit 203			
		Winter Gardens, Florid	a 34787		
Enter new mailing address, if applicable:		109 S. Boyd. Street		- t	
(Mailing address MAY BE A POST OFFICE BOX)		Unit 203 Winter Gardens, Florid	- 24555	· <u>-</u>	<u>;⊃</u>
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			ecords, <u>enter t</u>	he name of	the new
New Registered Office Address:	109 S. Boyd St	<u> </u>			
•		Enter Florida stree	t address		
	Winter Garden		, Florida		
Non-Designational Assemble Planetone of shanging		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 .	Christopher M. Gilbert	109 S. Boyd Street	
MINDS .	<del>-</del>		
		Unit 203	
			Remove
		Winter Gardens, Florida 34787	
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ffective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records.  Ecord specifies a delayed effective date, but not an efective day after the record is filled.	ntory filing requirements, this date will not be listed
SEPTEMBER 4 , 2019	
C e	
Signature of a metaber or authorized rep	resentative of a member
,	

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Filing Fee: \$25.00