119000 272297

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

Office Use Only



300339549983

01/27/20--01018--015 **25.00

20 JAN 27 PH 1: 16



COVER LETTER

		•	
	Lawn and Landscaping, LLC		
.1:	Name of Lim	ited Liability Company	
			6
osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
turn all correspo	ndence concerning this matter	to the following:	P. Carlotte
	Jacquelyn S Gaudette		College Colleg
		Name of Person	
	Joshua Tree Lawn and Lan	dscaping, LLC	
		Firm/Company	
	1114 Campbell St		
		Address	
	Port Charlotte FL 33953		
		City/State and Zip Code	
	= =		
er information c			neation)
n Gaudette		860 576-1390	
Name o	f Person		c Telephone Number
l is a check for th	ne following amount:		
00 Filing Fee	☐ \$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)
		Street Address:	ction
-		Division of Cor	
F.O. Box 632	.7	int Centre of T	
	Division of Cor Joshua Tree Osed Articles of turn all correspondent formation of turn all correspondent for the configuration of the	Name of Lim osed Articles of Amendment and fee(s) are substurn all correspondence concerning this matter Jacquelyn S Gaudette Joshua Tree Lawn and Lam 1114 Campbell St Port Charlotte FL 33953 Joshua Tree. Lawn@gmail.co E-mail address: (oer information concerning this matter, please con Gaudette Name of Person Lis a check for the following amount: 00 Filing Fee S30.00 Filing Fee &	Division of Corporations Joshua Tree Lawn and Landscaping, LLC Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: Jacquelyn S Gaudette Name of Person Joshua Tree Lawn and Landscaping, LLC Firm/Company 1114 Campbell St Address Port Charlotte FL 33953 City/State and Zip Code Joshua Tree. Lawn@gmail.com E-mail address: (to be used for future annual report notion of the concerning this matter, please call: In Gaudette Name of Person Termail address: (to be used for future annual report notion of Code at (Copy (additional copy is enclosed)) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Sentre of To. Section of Corporations Policy State and Signature annual report notion and the company of Corporations of Corporations Street Address: Registration Section of Corporations Division of Corporations Centification Telegratery of Corporations P.O. Box 6327

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Joshua Tree Lawn and Landscaping, LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
	10/21/2010
The Articles of Organization for this Limited Liability C	ompany were filed on 10/31/2019 and assigned and assigned
Florida document number L19000272297	ompany were filed on 10/31/2019 and assigned
This amendment is submitted to amend the following:	6
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ited 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	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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 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
MGR	Joshua R Dumond	1114 Campbell St	□Add
		Port Charlotte FL 33953	□n
			□Add
		 	Change
			□Add
			🗆 Remove
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		 	□ Remove
			□Change

_	
_	
-	
_	
_	
_	
_	
_	
_	
_	
-	
_	
_	
_	
	01/24/2020
Effectiv	ve date, if other than the date of filing: (optional) ctive 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
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
e record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is file	
rd is file	
	Friday January 24th 2020 ,
	Friday January 24th 2020
	Friday January 24th
	Lucqueta 1 Daydette
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00