

L19000 279765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

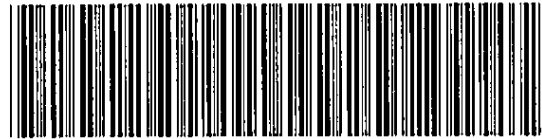
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R. WHITE

FEB 13 2020

2020 J. 21 PM 1:10

COVER LETTER

TC Registration Section
Division of Corporations

SUBJECT: Bridge City Lawn Specialists

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melvin Giddin Sr.

Name of Person

Bridge City Lawn Specialist

Firm/Company

6576 Winding Greens Dr

Address

Jacksonville/Florida 32244

City/State and Zip Code

bridgecitylawncare@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dekeidria Jackson

at 904 323-2561

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Bridge City Lawn Specialists

2020 JUN 21 PM 1:10

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on November 12, 2019 and assigned
Florida document number 119000279765.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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>	<u>Address</u>	<u>Type of Action</u>
MBR	Dekeidria Jackson	6576 Winding Greens Dr	<input type="checkbox"/> Add
		Jacksonville, Florida 32244	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	Melvin Giddin Sr	6576 Winding Greens Dr	<input type="checkbox"/> Add
		Jacksonville, Florida 32244	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	Lloyd Walker Jr	6576 Winding Greens Dr	<input type="checkbox"/> Add
		Jacksonville, Florida 32244	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Amending AMBR Dekeidria Jackson to MBR

Amending MGR Melvin Giddin Sr to MBR

Amending MGR Lloyd Walker Jr to MBR

E. Effective date, if other than the date of filing: November 12, 2019 (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated December 19, 2019 8:49pm



Signature of a member or authorized representative of a member

Melvin Giddin Sr

Typed or printed name of signee