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PICK-UP WAIT MAIL
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(Document Number)
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FILED 2019 DEC 13 ::"11: 28

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CASPECS Friendly lawn Service LLC 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:	
Maric T (ASPer Name of Person	
CASpers friendly Jaun Service of Central Florida L	L
1605 Simmons Pl	
Plant CITY/FL 33563 City/State and Zip Code	
6-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Maric (ASCer at (813) 331-9218  Name of Person at (813) Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S50.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed)	
Mailing Address: Street Address:	

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

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

(Name of the Limited Lightlity Compa	iny as it now appears on our records.)  Gability Company)
he Articles of Organization for this Limited Liability Company lorida document number	were filed onand assigned
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liab  CAS Cers  The line of the limited liab  The new name must be distinguishable and contain the words "Limited Liabilater new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	
Aailing address MAY BE A POST OFFICE BOX)	22
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<u> </u>	Florida

## w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability upany has been notified in writing of this change.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

WGR = Manager AMBR = Authorized Member

<u>itte</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
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Filing Fee: \$25.00