

L19 000301475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** B&B LAWN SERVICE BY BRYAN WILLIAMS 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:

Benjamon Williams  
Name of Person  
B&B LAWN SERVICE BY BRYAN WILLIAMS LLC  
Firm/Company  
8106 CR 109  
Address  
Lady Lake, FL 32159  
City/State and Zip Code  
bandblawnservice21@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamon Williams at ( 912 ) 572-8978  
Name of Person Area Code Daytime Telephone Number

The enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

B&B LAWN SERVICE BY BRYAN WILLIAMS LLC

(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 December 11, 2019 and assigned  
Florida document number L19000301475.

This amendment is submitted to amend the following:

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

/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

N/A

**Principal office address MUST BE A STREET ADDRESS**

**Enter new mailing address, if applicable:**

N/A

**Mailing address MAY BE A POST OFFICE BOX**

**. 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:

Benjamin Williams

New Registered Office Address:

8106 CR 109

*Enter Florida street address*

Lady Lake

Florida 32159

*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**

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

GR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
A	Bryan Williams	16125 SE 90th Ct	<input type="checkbox"/> Add
		Summerfield, FL 34491	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FL

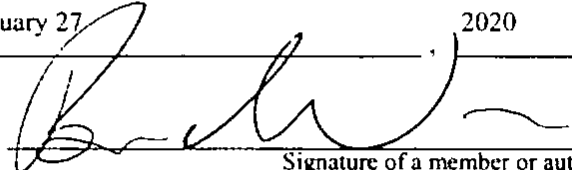
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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STATE OF NEW YORK

**Effective date, if other than the date of filing:** January 28, 2020 (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.

he 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  
ord is filed.

Dated January 27, 2020  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Benjamin W. Williams  
\_\_\_\_\_  
Typed or printed name of signee