

120 000016368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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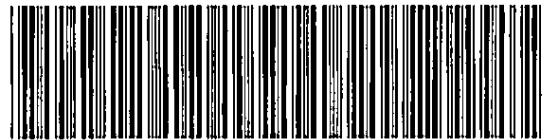
(Business Entity Name)

(Document Number)

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S.C.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FRANCESCA'S LAWN CARE LLC  
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:

Reilly P. Arias  
Name of Person

Firm Company

1937 FAIRWAY LOOP  
Address

ISSIMMEE FL 34746  
City/State and Zip Code

FRANCESCALAWNCARE@GMAIL.COM  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Reilly P. Arias at ( 407 ) 535-7449  
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

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

FRANCESCA'S LAWN CARE 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 1/21/2020 and assigned Florida document number L200000016368

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1937 FAIRWAY LOOP  
KISSIMMEE FL 34746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1937 FAIRWAY LOOP  
KISSIMMEE FL 34746

**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:

KELLY A. ARIAS

New Registered Office Address:

1937 FAIRWAY LOOP

Enter Florida street address

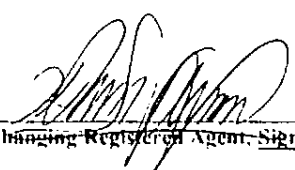
KISSIMMEE, Florida 34746

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

APR 14 2020

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>
MGR	Nestor Romero	146 Milestone Dr.	<input type="checkbox"/> Add
		Haines City FL 33894	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kelly P. Arias	1937 Fairway Loop	<input checked="" type="checkbox"/> Add
		Lissimsee FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rafael A. Ramirez	1937 Fairway Loop	<input type="checkbox"/> Add
		Lissimsee FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Remove  
Change  
Add  
Remove

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

[illegible]

F. Effective date, if other than the date of filing: 4/14/2024 (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 04-14, 2021

Signature of a member or authorized representative of a member

Kelly Patricia Arias  
Typed or printed name of signer

Typed or printed name of signer

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