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(Address)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Natural Beauty Native Florida Landscapes 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:

Kathleen M Tripp
Name of Person

Natural Beauty Native Florida Landscapes LLC
Firm/Company

124 N Nova Rd. PMB106
Address

Ormond Beach, FL 32174
City/State and Zip Code

NaturalBeautyFlorida@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen M Tripp at (727) 504-4740
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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U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

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>
MGR	Kathleen M Tripp	124 N Nova Rd PMB 106	<input checked="" type="checkbox"/> Add
		Ormond Beach, FL 32174	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Kathleen M Tripp	124 N Nova Rd PMB 106	<input type="checkbox"/> Add
		Ormond Beach, FL 32174	<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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			<input type="checkbox"/> Change

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

I incorrectly listed myself as an authorized representative when I first filed the corporation paperwork in January 2020. This amendment is being filed to correct my title to Manager (MGR). Thank you.

E. Effective date, if other than the date of filing: _____ (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 February 10, 2020.

Kathleen M. Tripp
Signature of a member or authorized representative of a member

Kathleen M. Tripp
Typed or printed name of signer

Filing Fee: \$25.00