L20000099979

(R	Requestor's Name	e)
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Na	ame)
(C	Ocument Numbe	r)
Certified Copies	Certificate	es of Status
Special Instructions to	o Filing Officer:	

1,

Office Use Only



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JUNIUS ZOZR LALBICUTION

COVER LETTER

Division of Co		, •	un.
SUBJECT:	Lawn Celebr Name of Lim	ations LLC ited Liability Company	46
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Char	Name of Person	···········
	Law	on Celebrations LL Firm/Company	.C
	450 State R	Rd 13 N unit 106	- STE 448
	Saint Joh	City/State and Zip Code	
	Charles a E-mail address: (lawncolebrations. Co to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Char Name	les Hirsch	at (<u>904</u>) <u>614</u> - Area Code Daytim	8609 e Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addre	ss:	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



2020 : 1-5 5112: 1-4

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 12, 2020

CHARLES HIRSCH 450 STATE RD 13 N UNIT 106-STE 448 SAINT JOHNS, FL 32259

SUBJECT: LAWN CELEBRATIONS LLC

Ref. Number: L20000099979

We have received your document for LAWN CELEBRATIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 420A00009714

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ARTICLES OF ARTICLES OF O	O PRGANIZATION
LAWN CELEBRA	TIONS LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000099979</u> . This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	450 State Rd 13 N. H 106-448
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32259
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	450 State Rd 13 N. #106-448 Jacksonville, FL 32259
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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>	Address	Type of Action
	 		\ \ \ \ \ \
			Remove
			☐ Change
			□Add
		.	□Remove
			Remove
			□ Change
			□Add
			Remove
			□Change
		- 181-W	□Add
		 	□Remove
			□Change
		- LAWSAR	
			□Remove
			□Change

	Page 2 of 3
D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an <u>Not</u> e	effective date, if other than the date of filing: 4/9/2020 (optional) 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) 1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: le 90th day after the record is filed.
Date	d 6/1/2020 13:00 pm
	Charles A MA
	Signature of a member or authorized representative of a member
	Charles M. Hirsch Typed or printed name of signee

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