

L20 000 170806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

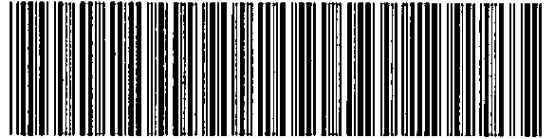
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FALLAH SEC. 110008

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K SAIY
OCT 1 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: New Spring Lawn Care 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:

Michael Hedge

Name of Person

New Spring Lawn Care

Firm/Company

2462 ridge Will Dr

Address

Jacksonville, FL 32246

City/State and Zip Code

mike@tmnt.tech

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Hedge

904 945-7385
at ()

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

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> |
|--------------|--------------------------------------|---|--|
| AMBR | Daren Merich | 69 San Briso Way, St. Augustine FL 32092 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Thomas Michael Nicholas Technologies | 25917 Sequoia Dr, Buckeye AZ 85396 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Michael B. Hedge | 2462 Ridge Will Dr, Jacksonville FL 32246 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Thomas Welch | 2167 Trieste Trail | <input checked="" type="checkbox"/> Add |
| | | Adams, TN, 37010 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

Everything is correct above. The goal is to
update the address Remove Darren Merich
and my IT company as managing members and
making myself and Thomas Welch The AMBR's.

I have also included a copy of TMNT's
articles in case there are any questions or
concerns about myself "Michael Hedge" being
the authorized member requesting these changes.

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E. Effective date, if other than the date of filing: 07/27/2020 (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.

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 August 19th 2020 11:55:00 pm


Signature of a member or authorized representative of a member

Michael Hedge

Typed or printed name of signee