

L20 000 203 716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500395479925

10/17/22--01015--001 **25.00

FILED
202 OCT 17 AM 7:02
CLERK OF STATE
TAMPA, FL

~~FILED~~
R. HUNT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CROSS CUT LAWN SERVICE, 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:

TODD LUSSIER

Name of Person

CROSS CUT LAWN SERVICE, LLC

Firm/Company

176 SW WILSHIRE DR

Address

LAKE CITY, FL 32024

City/State and Zip Code

CROSSCUTSLAWN.LC@GMAIL.COM

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

For further information concerning this matter, please call:

TODD LUSSIER

386 623-0564
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

FILED
2022 JUL 17 AM 7:02
TALLAHASSEE, FL
STATE

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

CROSS CUT LAWN SERVICE, 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 JULY 14, 2020 and assigned
Florida document number L20000203716.

This amendment is submitted to amend the following:

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

CROSS CUT LAWN SERVICE, LLC

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:

176 SW WILSHIRE DR

(Principal office address MUST BE A STREET ADDRESS)

LAKE CITY, FL 32024

Enter new mailing address, if applicable:

176 SW WILSHIRE DR

(Mailing address MAY BE A POST OFFICE BOX)

LAKE CITY, FL 32024

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:

TODD LUSSIER

New Registered Office Address:

176 SW WILSHIRE DR

Enter Florida street address

LAKE CITY

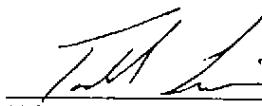
Florida 32024

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

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>
CEO	HALFORD S HARRIS	319 NW HERITAGE DR	<input type="checkbox"/> Add
		LAKE CITY, FL 32055	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TODD LUSSIER	176 SW WILSHIRE DR	<input checked="" type="checkbox"/> Add
		LAKE CITY, FL 32024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRIAN LUCAS	2639 SW CR 242	<input checked="" type="checkbox"/> Add
		LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


RECEIVED
COUNTY OF STATE
LAKE CITY, FL
JUN 17 AM 7:03

10/22/07 17:47:03
TREASURY OF STATE
TAMPA, FL

RECEIVED
JAN 17 AM 7:03
CLERK OF STATE
TALLAHASSEE, FL

(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)

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.


Signature of a member or authorized representative of a member

Typed or printed name of signee


Filing Fee: \$25.00

2002 OCT 17 AM 7:03
CLAY COUNTY STATE
TALLAHASSEE, FL

2002 JUL 17 AM 7:03
FLORIDA STATE
TALLAHASSEE, FL

(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)

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.


Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00