## L20000239948

Office Use Only



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## **COVER LETTER**

TO: Registration Section **Division of Corporations Environmental Lawn Specialists** SUBJECT: 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: Jason Parks Name of Person **Environmental Lawn Specialists** Firm/Company 417 13th Street PMB 635 Address Saint Cloud/ Florida, 34769 City/State and Zip Code envlawns@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jason Parks 443-5480 Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & ☐ \$25.00 Filing Fee □ \$30.00 Filing Fee & ■ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**Environmental Lawn Specialists** 

Salar San Care Ch

(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 August 7, 2020 and assigned Florida document number \_\_\_L20000239948 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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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 V20 A CO	Type of Action
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		Saint Cloud, FL 34772	□Remove
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ote: If the date inserted in this locument's effective date on the	block does not meet the applica	able statutory filing req	uirements, t	his date v	vill not be listed
your sold of the same of the	repartment of State 3 records.				
record specifies a delayed effects	ve date, but not an effective tii	ne, at 12:01 a.m. on the	e earlier of:	(b) The	90th day after th
is filed.				` '	•
August 25	2020				
ated		<u> </u>			
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