

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000405322 3)))



H200004053223ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : EXPERTAX
Account Number : I20200000010
Phone : (407)777-7470
Fax Number : (321)286-9743

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OSCAR'S LAWN CARE LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

2020 NOV 24 PM 3:52

RECEIVED

2020 NOV 24 AM 11:17

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSCAR'S 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:

OSCAR ALVARADO

Name of Person

Firm/Company

481 BUCHANNAN DRIVE

Address

DAVENPORT, FL 33837

City/State and Zip Code

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

For further information concerning this matter, please call:

OSCAR ALVARADO

at (407) 7734468

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 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>
Member	OSCAR ALVARADO	481 BUCHANNAN DRIVE	<input type="checkbox"/> Add
		DAVENPORT, FL 33837	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Member	STEPHANIE REYES	481 BUCHANNAN DRIVE	<input type="checkbox"/> Add
		DAVENPORT, FL 33837	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 NOV 24 AM 11:17

FILED

100

2020 NOV 24 AM 11:11

7
8
9
10
11

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) the date of filing is the date the application is received by the state. Filing requirements: this date will not be listed as the date of filing.

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 November 24, 2020

[Handwritten signature]

Signature of a member or authorized representative of a member

OSCAR ALVARADO

Typed or printed name of signee

Filing Fee: \$25.00