

11/9/2020

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LEGALZOOM.COM INC.  
Account Number : 120010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

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

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RECEIVED

2020 DEC -9 PM 4:20

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TRI-COUNTY LAWN CARE LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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11/12/2020 11:39:18 AM PAGE 1/001 Fax Server



November 12, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TRI-COUNTY LAWN CARE LLC  
5755 GLENRIDGE DR  
APT. 576  
SANDY SPRINGS, FL 30328US

SUBJECT: TRI-COUNTY LAWN CARE LLC  
REF: L20000319013

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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.

Terri J Schroeder  
Regulatory Specialist III

FAX Aud. #: H20000388587  
Letter Number: 520A00022602

TO: ML Brown, Tri County Lawn Care

FROM: Cheyenne Moseley

DATE: 2020/11/02 09:04:41

**COVER LETTER**TO: Registration Section  
Division of Corporations

SUBJECT: TRI-COUNTY 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th Fl

Address

Glendale, CA 91203

City/State and Zip Code

MLBROWN429@GMAIL.COM

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

For further information concerning this matter, please call:

Cheyenne Moseley

\$00

773-0888

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/COURIER ADDRESS:**Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle

12/07/2020 14:31 404-257-1047

FEDEX OFFICE 1521

PAGE 04

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRI-COUNTY LAWN CARE 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 10/8/2020 and assigned  
Florida document number \_\_\_\_\_.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5755 Glenridge Dr, Apt 576

(Principal office address MUST BE A STREET ADDRESS)

Atlanta, Georgia 30328

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:

Janice Brown

New Registered Office Address:

5119 51st Way

*Enter Florida street address*

West Palm Beach

Florida

*City*

33409  
*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.*

*x Janice Brown*

If Changing Registered Agent, Signature of New Registered Agent

TO: Mr. Brown, Iri County Law Care

FROM: Cheyenne Moseley

DATE: 2020/11/02 09:04:41

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	Melvin L. Brown		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5755 Glenridge Dr., Apt 576 Atlanta, GA 30328	<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated 12/04/2020 .



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Melvin Lamar Brown

\_\_\_\_\_  
Typed or printed name of signer