

L20000327451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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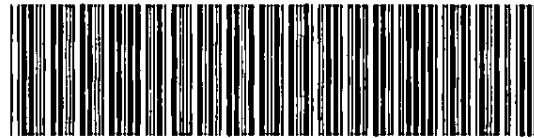
Michelle Keenan
gave permission to
correct document.
DC

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2020 DEC 28 P 4:50.

FILED

LLC
N/C & Amend.

FEB 01 2021

CONFIDENTIAL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 DEC 11 10:10 AM

December 11, 2020

STEVEN CARUSO
486 N HARBOR CITY BLVD
MELBOURNE, FL 32935

SUBJECT: GONE MOWING LLC
Ref. Number: L20000327451

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

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.

Querida R Moore
Regulatory Specialist II

Letter Number: 420A00025057

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GONE MOWING LLC ~~LLC~~ 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:

STEVEN CARUSO
Name of Person

MILLER + CARUSO LLC
Firm/Company

486 N HARBOR CITY BLVD
Address

MELBOURNE FL 32935
City/State and Zip Code

MELBOURNE@SLAYER.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN CARUSO at (321) 259 7704
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

GONE MOWING 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 10/15/2020 and assigned Florida document number 620000327451.

This amendment is submitted to amend the following:

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

GONE MOWIN LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

620 DIJON DR

MELBOURNE FL 32935

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

620 DIJON DR

MELBOURNE FL 32935

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

Florida

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>
MGR	SHAWN DUON	620 DUON DR	<input type="checkbox"/> Add
		MELBOURNE FL 32935	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHAWN Q. HUGHES	620 DUON DR	<input checked="" type="checkbox"/> Add
		MELBOURNE FL 32935	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<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.)

E. 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)
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 12-15-2013
Signature Shawn Hughes

SHAWN HUGHES
Typed or printed name of signee