

L20000331989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

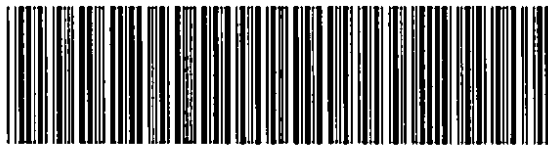
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800354994688

11/16/20--01014--018 **35.00

21 JAN 25 PM 2:09

STATE
CLERK
OFFICE

Amend/Name Change

FEB 05 2021

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coreen Mike Lannicare 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:

Keyonte BAXTER
Name of Person

Extra Mile Lannicare LLC
Firm/Company

1766 39th Street South
Address

St. Petersburg, FL 33711
City/State and Zip Code

baxterkeyonte@yahoo.com
E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

Keyonte Baxter at (513) 454-9652
Name of Person Area Code Daytime Telephone Number

enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

21 JUN 25 PM 2:09

FL STATE
FORM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 23, 2020

LATASHA DUDLEY
EXTRA MILE LAWN CARE LLC
2333 33RD STREET SOUTH
ST PETERSBURG, FL 33712

SUBJECT: GREEN MILE LAWN CARE LLC
Ref. Number: L20000331989

We have received your document for GREEN MILE LAWN CARE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Diane Cushing
Senior Section Administrator

Letter Number: 320A00025980

Agency name was changed.

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

Green Mile LAWN CARE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

21 JUN 25 PM 2:00

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number L20000331989.

This amendment is submitted to amend the following:

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

Extra Mile LAWN CARE 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

1766 39th Street South
St. Petersburg, FL 33711

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

1766 39th Street South
St. Petersburg, FL 33711

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:

Keyonte Baxter

New Registered Office Address:

1766 39th Street South
Enter Florida street address

St. Petersburg City Florida 33711 Zip Code

By 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.

Keyonte Baxter

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>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change