

L21 000005269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

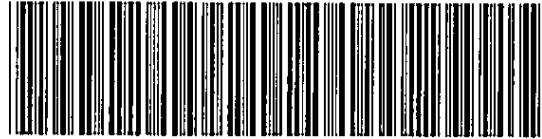
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GreenScape Lawn Services of NW Florida LLC
Name of Limited Liability Company

Changing to:

Kimzey's Machine Shop LLC.

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Travis Kimzey

Name of Person

Kimzey's Machine Shop

Firm/Company

426 Boushield Dunes Circle

Address

Freeport FL 32439

City/State and Zip Code

Kimzey5@att.net

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

For further information concerning this matter, please call:

Leslie Kimzey

Name of Person

at (850)

Area Code

333-0808

Daytime Telephone Number

Travis Kimzey

850

865-8455

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

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

Greenscape Lawn Services of Northwest

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

Florida
LLC.

The Articles of Organization for this Limited Liability Company were filed on 12/26/2020 and assigned
Florida document number L21000005269

This amendment is submitted to amend the following:

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

Kimzey's Machine Shop 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)

426 Brushed Dunes Circle
Freeport, Florida 32439

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

Leslie Kimzey

New Registered Office Address:

426 Brushed Dunes Circle

Enter Florida street address

Freeport

City

Florida

32439

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.

Leslie Kimzey

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Type of Action

☐ Change☐ Change

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

The Business will be changed to
a welding & manufacturing business.

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 Feb 28 . 2021 .

TK

Signature of a member or authorized representative of a member

Leslie Kimzey

Travis Kimzey

Typed or printed name of signee

Leslie Kimzey