

L210000087960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

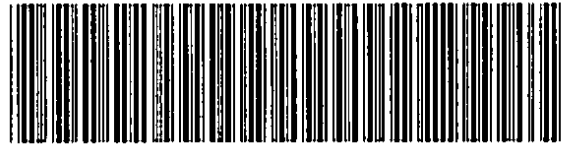
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700385119897

04/05/22--01020--003 \*\*25.00

FILED

2022 APR -5 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FL

Y. SCOTT

APR 23 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Black Wagon Dump Services, 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:

Devin Giles

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

15365 Barbara Court

\_\_\_\_\_  
Address

Weeki Wachee, FL 34614

\_\_\_\_\_  
City/State and Zip Code

royallawncare22@gmail.com

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

FILED  
2022 APR -5 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Devin Giles

352

584-1655

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 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**

Black Wagon Dump Services, 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 2/19/21 and assigned Florida document number L21000087960.

This amendment is submitted to amend the following:

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

Royal 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)

15365 Barbara Court

Weeki Wachee, FL 34614

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15365 Barbara Court

Weeki Wachee, FL 34614

**FILED**  
2022 APR -5 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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:

15365 Barbara Court

*Enter Florida street address*

Weeki Wachee

*City*

Florida 34614

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

FILED  
2022 APR 15 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

2022 APR -5 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED  
2022 APR -5 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

(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)

(b) The 90th day after the record is filed.

Dated \_\_\_\_\_, \_\_\_\_\_

Don Gilly

Signature of a member or authorized representative of a member

Devin Giles

Typed or printed name of signee