

L21000/20516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

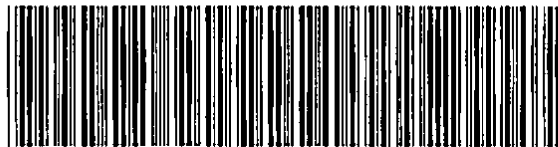
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21 OCT 12 PM 3:22

COVER LETTER

Registration Section
Division of Corporations

RJ CALDWELL LAWCARE LLC

SUBJECT: _____
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ALTAMEASE CALDWELL

Name of Person

RJ CALDWELL LAWCARE LLC

Firm/Company

882 13th Avenue South

Address

St. Petersburg, FL. 33701

City/State and Zip Code

Rjlawncare55@gmail.com

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

For further information concerning this matter, please call:

Altamease Caldwell at (727) 768-1013

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**

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RJ CALDWELL LAWN CARE LLC

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

Articles of Organization for this Limited Liability Company were filed on 03/24/2021 and assigned
Florida document number L21000120516

As an amendment is submitted to amend the following:

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

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

Enter new principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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: ALTAMEASE CALDWELL

New Registered Office Address: 882 13th Avenue South
Enter Florida street address

St Petersburg, Florida 33701
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.

Altamease Caldwell

If Changing Registered Agent, Signature of New Registered Agent

M = Manager
MR = Authorized Member

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[illegible]

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

My husband RJ Caldwell passed away from COVID-19 on August 18th, 2021 and I, Altamease Caldwell will take o

Over his lawncare business

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Effective date, if other than the date of filing: 08/18/2021 (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.

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 d is filed.

Dated OCTOBER 6th 2021

Altamease Caldwell

Signature of a member or authorized representative of a member

ALTAMEASE CALDWELL

Typed or printed name of signee