

L21 000124074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

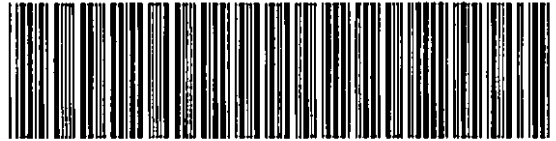
(Business Entity Name)

(Document Number)

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2021 APR 26 PM 3:32  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

LS  
4/8/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FIRST COAST LANDSCAPE LIGHTING, 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:

CLAUD FREEBURN

Name of Person

Firm/Company

55157 EDEN PLACE

Address

CALLAHAN, FL 32011

City/State and Zip Code

firstcoastlighting@gmail.com

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

CLERK OF STATE  
TALLAHASSEE, FL

2021 APR 26 PM 3:32

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For further information concerning this matter, please call:

CLAUD FREEBURN

904

334-2565

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**

FIRST COAST LANDSCAPE LIGHTING, 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 MARCH 16, 2021 and assigned  
Florida document number L21000124074.

This amendment is submitted to amend the following:

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

FIRST COAST LANDSCAPE LIGHTING & MORE, LLC

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

Enter new principal offices 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)**

FILED	2021 APR 26 PM 3:32	CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA		

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

2021 APR 26 PM 3:12  
 STATE OF NEW YORK  
 DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
 DIVISION OF FIELD OPERATIONS  
 1000 ROUTE 9W  
 SUITE 100  
 WEST HAVEN, CT 06611-1100  
 TEL: 203-437-5000  
 FAX: 203-437-5001  
 WWW.DEC.CT.GOV

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2021 APR 26 PM 3:32  
CLERK OF DISTRICT COURT  
JULIA A. GIBSON, CLERK

FILED  
201 APR 26 PM 3:22  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF CALIF.

(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)

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.

Carol Freshman Jr.  
Signature of a member or authorized representative of a member

Claud Freeburn Claud Freeburn Jr.  
Typed or printed name of signee

**Filing Fee: \$25.00**