

121000165787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

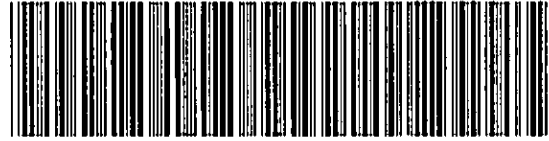
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2021 JUL -1 A 11:24

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RECEIVED

2021 JUL -1 AM 10:18

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2021

NATHANIEL DENNIS
5540 ANTOINETTE ST
SARASOTA, FL 34232

SUBJECT: NATE AND CAIT'S LAWN CARE LLC
Ref. Number: L21000165787

We have received your document for NATE AND CAIT'S LAWN CARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THERE CAN ONLY BE ONE REGISTERED AGENT ON FILE.

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.

Summer Chatham
OPS

Letter Number: 421A00014046

2021 JUL -1 AM 11:24

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

Nate and Cait's LawnCare 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 4/9/21 and assigned
Florida document number L21000165787

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Nathaniel

Dennis

New Registered Office Address:

Enter Florida street address

City

Florida

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.

Nate De

If Changing Registered Agent, Signature of New Registered Agent

Caitlin Dennis

MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

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 5-13-21

Signature of a member or authorized representative of a member

Nathaniel Dennis Caitlin Dennis
Typed or printed name of signer

Filing Fee: \$25.00