

L21000246361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

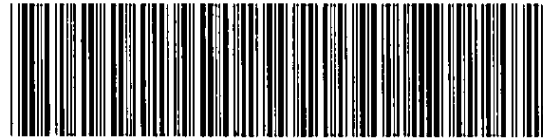
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JUN 20 AM 8:19
STATE OF FLORIDA
TALLAHASSEE

RECEIVED
2023 JUN 20 PM 1:31
STATE OF FLORIDA
TALLAHASSEE

CLERK

JUN 2 - 2023

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 06/20/2023

****WALK IN****

ENTITY NAME Superior Lawn and Landscaping Services, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25

ACCOUNT #: I20160000072

E. B. J. M.

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Superior Lawn and Landscaping 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:

Michael J. Thomas

Name of Person

Superior Lawn and Landscaping Services, LLC

Firm/Company

589 Pine Forest Drive, South

Address

Fleming Island, FL 32003

City/State and Zip Code

superiorlawns777@gmail.com

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

For further information concerning this matter, please call:

Michael J. Thomas

(904) 402-3839

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**

SUPERIOR LAWN AND LANDSCAPING SERVICES, LLC

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

2020 JUN 20 AM 8:19

The Articles of Organization for this Limited Liability Company were filed on April 16, 2021 and assigned
Florida document number L21000246361.

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:

589 Pine Forest Drive, South

(Principal office address MUST BE A STREET ADDRESS)

Fleming Island, FL 32003

Enter new mailing address, if applicable:

589 Pine Forest Drive, South

(Mailing address MAY BE A POST OFFICE BOX)

Fleming Island, FL 32003

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:

Teri L. Wesselman

New Registered Office Address:

1749 Preserve Point Terrace

Enter Florida street address

Fleming Island

City

Florida

32003

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.

Teri L. Wesselman

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>
AMBR	Tina C. Oliver	1831 Moss Creek Drive	<input type="checkbox"/> Add
		Fleming Island, FL 32003	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael J. Thomas	110 McClain Blvd.	<input checked="" type="checkbox"/> Add
		Crescent City, FL 32112	<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
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated June 20 . 2023

Paul

Signature of a member or authorized representative of a member

Tina C. Oliver

Typed or printed name of signee

Filing Fee: \$25.00