

L21000306667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

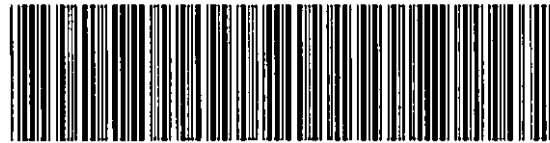
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800389876188

06/24/22--01025--029 **25.00

FILED

2022 JUN 24 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

SEP 18 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gillikin's Island LawnCare, 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:

Judy Gillikin

Name of Person

Gillikin's Island LawnCare, LLC

Firm/Company

111 NW Ave E

Address

Carrabelle, FL 32322

City/State and Zip Code

gillikinsislandlawncare@gmail.com

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

For further information concerning this matter, please call:

Judy Gillikin

850 653-7213

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**

Gillikin's Island LawnCare, LLC

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

2022 JUN 24 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 7/12/2021 and assigned
Florida document number L21000306667.

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:

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

• or removed from our records:

MGR = Manager

AMBR = Authorized Member


[illegible]

[illegible]

06/15/2022

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.

Dated June 15, 2022


Signature of a member

Judy Gillikin

Typed or printed name of signee