# h22000066664

(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	idress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to		
,	MAR 3 1 2022	
		3)25

Office Use Only

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FILED
2022 MAR 25 PH 1: 20
SECRETARY OF THE



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2022 MAR 25 AM 7:53

SECRETARY OF STATE TALLAHASSEE, FL

## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2022

BOBBY HOLTZAPPLE 7847 ED DOUGLAS RD GROVELAND, FL 34736 US

SUBJECT: TOTAL OUTDOOR SERVICE LLC

Ref. Number: L22000066664

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

The name and title of the person signing the document must be noted beneath or opposite the signature.

The document must be signed by a member or an authorized representative of a member.

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.

Jasmine N Horne Regulatory Specialist II

Letter Number: 122A00006045

#### **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUD IE		or Service, LLC		
SUBJE	CI:	Name of Limi	ted Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspo	ndence concerning this matter t	to the following:	
		Bobby Holtzapple		
			Name of Person	-
		Total Outdoor Service, LLC	9	
			Firm/Company	
		7847 Ed Douglas Rd		
			Address	
		Groveland, FL. 34736		
			City/State and Zip Code	
		owner@totaloutdoorservice	.com to be used for future annual report notifi	aution)
				catenty
For furt	ther information c	oncerning this matter, please ca	1 <b>i</b> l:	
Bobby	Holtzapple		352 4679849 at ( )	
····	Name o	f Person		Telephone Number
Enclose	ed is a check for th	he following amount:		
■ \$2:	5.00 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 3		Street Address: Registration Sec	etion

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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**

Total Outdoor Service, LLC

(A F	lorida Limited I	Liability Company)	(01 USA)
he Articles of Organization for this Limited Liabil lorida document number L220000666664	ity Company	were filed on 02/08/2022	and assigned
his amendment is submitted to amend the following	ng:		
. If amending name, enter the new name of the	limited liab	ility company here:	
he new name must be distinguishable and contain the words	"Limited Liabi	lity 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)		7848 Ed Douglas Rd	
		Groveland, FL. 347836	
nter new mailing address, if applicable:		7847 Ed Douglas Rd	
Mailing address MAY BE A POST OFFICE BOX)		Groveland, FL. 34736	
s. If amending the registered agent and/or regisgent and/or the new registered office address h		address on our records, <u>en</u>	ter the name of the new regist
Name of New Registered Agent:	Bobby Holtzapple		
New Registered Office Address: 7	847 Ed Dougl	as Rd	
-		Enter Florida street ad	ldress
(	Groveland		, Florida <sup>34736</sup>
		City	Zıp 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>	Address	Type of Action
AMBR	Bobby J Holtzapple	7847 Ed Douglas Rd	□Add
		Groveland. FL. 34736	□Remove
			□Change
AMBR	Gerald S Holtzapple	7847 Ed Douglas Rd	
		Groveland, FL. 34736	□Remove
<del></del>			□Add
			□Remove
		<u></u>	□Change
		<del></del>	□Add
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			□Change
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Tective date, if ot an effective date is list	her than t	the date of fi	ling: 03/01/202		no or more th		o <b>ptional)</b> after filing )	Pursuant to 605 020
ote: If the date insecument's effective	rted in this	s block does n	ot meet the appli	cable statuto				
realitest 3 effective	oate on the	e izepartinent	or state 3 record	3.				
record specifies a de is filed.	layed effe	ctive date, but	not an effective	time, at 12:0	l a.m. on th	ie earlier o	of: (b) The	90th day after the
nted			03/01/202	2				
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