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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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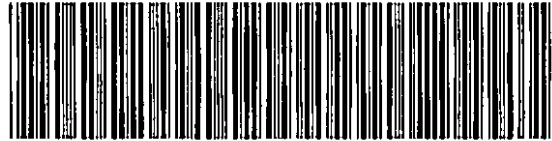
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 3 0 2022

S. PRATHER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRI-County Property Management TRACTOR Mowing Service 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:

Rufus m TAYLOR  
Name of Person

TRI-County Property Management TRACTOR Mowing Service LLC.  
Firm/Company

982 NE Double Run Rd  
Address

LAKE CITY Florida 32055  
City/State and Zip Code

taylor32055@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rufus m TAYLOR at (386) 365-3613  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2022 MAY -6 PM 2:59  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

TRI-County Property Management Tractor Mowing Services 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 4/7/2022 and assigned  
Florida document number L22000171304.

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:

RUFUS M TAYLOR

New Registered Office Address:

982 NE Double Run Rd.

Enter Florida street address

LAKE CITY  
City

Florida

32055  
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.

Rufus M Taylor  
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	Rufus m TAYLOR	982 NE Double Run Rd	<input checked="" type="checkbox"/> Add
		LAKE City florida 32055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robyn R TAYLOR	982 NE Double Run Rd	<input type="checkbox"/> Add
		LAKE City florida 32055	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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**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 MAY 03, 2022.

Refus M. Layb  
Signature of a member or authorized

Signature of a member or authorized representative of a member

Refus m TAYLOR

Typed or printed name of signee

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2022 MAY -6 PM 2:59

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