L22000237168

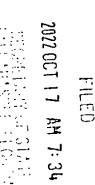
(Requestor's Name)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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Office Use Only



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October 4, 2022

CALVIN BARNESS MAYFLOWER LANDSCAPING PROFESSIONALS LLC 3402 SW PLUTO STREET PORT ST LUCIE, FL 34953

SUBJECT: MAYFLOWER LANDSCAPING PROFESSIONALS LLC

Ref. Number: L22000237168

We have received your document for MAYFLOWER LANDSCAPING PROFESSIONALS 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):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Our office does not record owners.

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) 245-6862.

Sean Toner Director

Letter Number: 022A00022125

COVER LETTER

TO: Registration Se Division of Cor		
subject: <u>Ma</u> Y	Flower Land Scaping Professionals LLC Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Calvin Barness	
	Name of Person	
	Mayflower Landscaping Professionals LEC	
	Firm/Company	
	3402 SW Pluto Street	
	Address	
	Port St Lucie Florida 34953	
	City/State and Zip Code	
	mayflower01@bellsouth.net	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Calvin Barnes	772 924 4575	
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for the	he following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

APPROVED AND FILED

Mayflower Landscaping Professionals LLC

2022 OCT 17 AM 7: 34

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our rebility Company)	CORELANY OF STATE
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia		TALL MINSSEL, FLORING
The Articles of Organization for this Limited Liability Company w	vere filed on $\frac{05/20/2022}{}$	and assigned
Florida document number L22000237168		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y 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 adagent and/or the new registered office address here:	ldress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		. <u></u>
New Registered Office Address:	D 51 11	
	Enter Florida street a	uaress
	City	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	rap Com
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my dutie ovided for in Chapter (s, and I am familiar with and 605, F.S. Or, if this document is

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
Owner	Calvin Barnes	3402 SW Pluto Street Port St Lucie Fl 34953	= Add
			□Remove
			□Change
MGR	Calvin Baines	3402 SW Pluto St P.	27 #3V99 377 623
			□Remove
			□Change
AMBR	Gertrude Stevenson	3402 5W AUTO ST PSE FE 3495	<u>3</u> @∕∕dd
			Remove
			□Change
			□Add
			□Remove
			□Change
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f an ef Note:	tive date, if other than the date of filing:
reco d is f	rd 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 fled.
Dated	6/24/2022
Zaicu	Signature of a-member or authorized representative of a monther
	Culvin Dumon
	Calvin Barnes