## L22000332499

| (Red                                    | questor's Name)   |             |  |  |
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| (City                                   | y/State/Zip/Phon  | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Bu:                                    | siness Entity Nar | me)         |  |  |
| (Document Number)                       |                   |             |  |  |
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## 2022 NOV 16 AM II: 10

Letter Number: 622A00024589

## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2022

DANNY RODRIGUEZ 12336 JANET ST KISSIMMEE, FL 34741

SUBJECT: DON'S LAWN CARE AND HANDYMAN SERVICES LLC.

Ref. Number: L22000332499

We have received your document for DON'S LAWN CARE AND HANDYMAN SERVICES 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):

MISSING FIRST PAGE. PLEASE FILL OUT AND SEND BACK ALL PAGES OF FORM.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk TALES OF TON INC. DRIES.

www.sunbiz.org

## **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: Don's lawn Care and Handyman Services LLO 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:   |
| Danny Rodrigue 7<br>Name of Person  |
| Don's lawn care and handy man sorvices Llc  |
| 2336 Sanet ST   |
| Kissimmee Fl 3474   |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| For further information concerning this matter, please call:    Daylor   Color  |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee \$\sum \$30.00 Filing Fee & \$\sum \$\$55.00 Filing Fee & \$\sum \$\$60.00 Filing Fee, \$\sum \$\$Certificate of Status & \$\sum \$\$Certified Copy & \$\sum \$\$Certified |
|   |

TO:

Registration Section

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

| The Articles of Organization for this Limited Liability Company were filed on   | (Name of the Limited Liability<br>(A Florida L              | Company as it now appears on our records.)  Company as it now appears on our records.)  Company) | ut handy ma              |
|---|---|--|--------------------------|
| New Registered Office Address: 2336 Sanet St.   | The Articles of Organization for this Limited Liability Cor | mpany were filed on $7.25-2$   |                          |
| 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 registagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  Danny Registered address  Danny Registered Agent:  New Registered Office Address:  Proce Florida wreet address  Enter Parida wreet address | This amendment is submitted to amend the following:         |  |                          |
| 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 registagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  2336 Sanet St.  Four Florida street address  | A. If amending name, enter the new name of the limite       | ed liability company here:   |                          |
| 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 registagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  2336 Sanet St.  Fauer Florida speed address  |   | ed Liability Company," the designation "LLC" or the al   | bbreviation "L.L.C."     |
| (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 registagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  236 Janet Street address  Enter Florida street address  | (Principal office address MUST BE A STREET ADDRE            | <u></u>  | <u> </u>                 |
| Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Office Address:  Danny Registered Office Address:  There Florida street address   | •                     |  | PH STATE                 |
| Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Office Address:  Danny Registered Office Address:  There Florida street address   |   |  | 2: 52<br>2: 52           |
| New Registered Office Address: 2336 Sanet St.   |   | office address on our records, <u>enter the nan</u>  | ne of the new registered |
| LISSIMMEL Florida 3474/   | New Registered Office Address: 22                           | anny Rodriguer  336 Sanet St.  Enter Florida street address  1551 MM & Florida  City             | 34741<br>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

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> | Name               | Address            | Type of Action      |
|--------------|--------------------|--------------------|---------------------|
| MGR          | Danny E. Rodriguez | 2336 Janet St.     | □Add                |
|              | 215,               | Kissimmee Florida  | Kemove              |
|              |                    | 34741              | □Change             |
| MGR          | Julio E. Rodriguez |                    | &Add                |
|              | 514.               | Kissimmee Fl. 3474 | // □Remove          |
|              |                    |                    | □Change             |
|              |                    |                    |                     |
|              |                    |                    | 22 #0V 16 PM 12: 52 |
|              |                    |                    | □Changer            |
|              |                    |                    | PM 12: 5            |
|              |                    |                    | □Remove             |
|              |                    |                    | Change              |
|              |                    |                    | 🗀 Add               |
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|              |                    |                    | Change              |
|              |                    |                    | □Add                |
|              |                    |                    | □Remove             |
|              |                    |                    | □Change             |

# D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (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) 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. 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. Signature of a member or authorized representative of a member