## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000358656 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name

: HAND ARENDALL HARRISON SALE LLC

Account Number : 120190000128

: (850)769-3434

Fax Number

: (850)769-6121

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CJK LAWNS, LLC

	·
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

## **COVER LETTER**

	egistration Sec ivision of Corp			
ALID LE CE	CJK LAWY	NS, LLC		
SUBJECT	:	Name of Limi	ted Liability Company	<del></del>
The enclos	ed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	m all correspo	ndence concerning this matter	to the following:	
		Kathy Townsond		
		<del></del>	Name of Person	<del></del>
		HAND ARENDALL HAR	RISON SALE LLC	
			Firm/Company	<del></del>
		35008 Emerald Coast Park	way, Suite 500	
			Address	
		Destin, FL 32541		
		<del> </del>	City/State and Zip Code	
		ktownsend@handfirm.com	to be used for future annual report notifi	ontion)
				Carrony
For further	information c	oncerning this matter, please of		
Kathy Tov	vnsend		850 460-3694 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	ne following amount:		
<b>■ \$</b> 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)
R L P	falling Address Registration Solivision of Co. Box 632 fallahassee, I	Section Corporations 17	Street Address: Registration Sec Division of Corp The Centre of To 2415 N. Monroe Tallahassee, FL	oorations allahassee : Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

on our records.)
and assigned
r <u>e</u> :
The state of the s
signation "LLC" or the abbreviation "L.L.C."
ecords, enter the name of the new registered
ecords, enter the name of the new registered
ecords, enter the name of the new registered
ecords, enter the name of the new registered
ida street address
ida street address

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>Titic</u>	Name	Address	Type of Action
			① Add
			□Remove
			☐ Change
			□Add
			□ Remove
			Cnange
			☐ Rcmove
			Change
			□Add
			Change
			Change
			□Add
			□Remove
			□ Change

_	
-	
_	
-	
_	
-	
-	
_	
-	
-	
-	
_	
lf an cif <u>Note:</u>	ve date, if other than the date of filing:  cetive 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor	
Dated	(X) and toward
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00