

1220000491841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

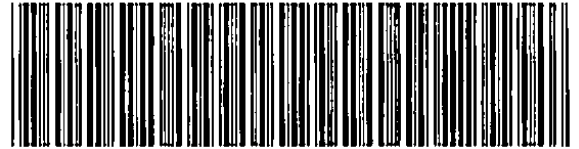
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2022 FEB -5 PM 3:51

TO: Registration Section  
Division of Corporations

SUBJECT: RAHS LAWN 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:

RAUL IRIZARRY JR

Name of Person

RAHS LAWN SERVICE LLC

Firm/Company

4700 SW 116TH PLACE

Address

OCALA FL 34476

City/State and Zip Code

RAHSLAWNSERVICE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAUL IRIZARRY JR

352 502-3210

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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)

**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

TO  
ARTICLES OF ORGANIZATION  
OF

RAHS LAWN SERVICE 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 11/17/2022 and assigned Florida document number 122000491841.

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 "LL

**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 agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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**

or removed from our records:

MGR = Manager

AMBR = Authorized Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGR	RAUL IRIZARRY JR	4700 SW 116TH PLACE OCALA, FL 34476	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Rem
			<input type="checkbox"/> Cha
MGR	MELISSA IRIZARRY	4700 SW 116TH PLACE OCALA, FL 34476	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Rem
			<input type="checkbox"/> Chan
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(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 61  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the  
document's effective date on the Department of State's records.

Dated 11/30/2022

03/03/2022



Signature of a member of authorized personnel

MELISSA IRIZARRY

~~Signature of a member or authorized representative of a member~~

MELISSA IRIZARRY

Typed or printed name of signee

Filing Fee: \$25.00