

L23000048286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

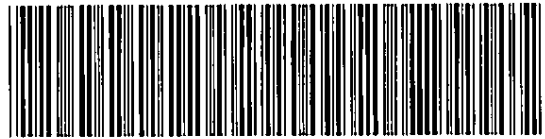
(Business Entity Name)

(Document Number)

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CLERK OF STATE

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R. HUNT

02/27/20

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PRECISION LAWN MANAGEMENT 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:

JOY FRANSON

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

4330 PALM DR #2

\_\_\_\_\_  
Address

BARTOW FL 33830

\_\_\_\_\_  
City/State and Zip Code

JFRANSON86@GMAIL.COM

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

For further information concerning this matter, please call:

JOY FRANSON

863 595-5200  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

**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>
MGR	BREEDEN, DUSTIN W	4330 PALM DR #2	<input type="checkbox"/> Add
		BARTOW , FL 33830	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FRANSON, JOY	4330 PALM DR #2	<input checked="" type="checkbox"/> Add
		BARTOW, FL 33830	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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7/23/83 27 PM 12:56  
CLARK COUNTY, FL  
CLARK COUNTY, FL

ED  
MAR 27 PM 12:56  
CLARK COUNTY, FL  
CLARK COUNTY, FL

(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.

Dated \_\_\_\_\_, \_\_\_\_\_

Don

Signature of a member or authorized representative of a member

JOY FRENCH

Austin Breedle...

Typed or printed name of signee

Joy Fransum