

L2300005/1918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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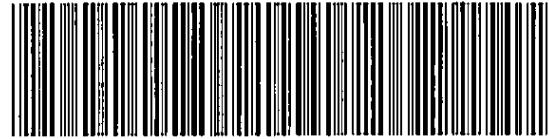
(Business Entity Name)

(Document Number)

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SECURACY OF STATE
TALLAHASSEE, FL

RN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAGLES EYE LAWN CARE 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:

TYLER J SPAULDING

Name of Person

EAGLES EYE LAWN CARE LLC

Firm/Company

7325 POTOMAC DR

Address

PORT RICHEL, FL 34668

City/State and Zip Code

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

EAGLESEYELAWNcase5528@gmail.com

For further information concerning this matter, please call:

TYLER J SPAULDING

727

3587354

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EAGLES EYE LAWN CARE 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 01/27/2023 and assigned
Florida document number L23000051918.

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 "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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SIANA Chicco, N

New Registered Office Address:

38530 Patti lane

Enter Florida street address

dade City

City

Florida

33523

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SPAULDING, TYLER J	7325 POTOMAC DR PORT RICHEY, FL 34668	<input type="checkbox"/> Add
		<u>- REMOVE.</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ADAMS, JOHN D	7325 POTOMAC DR PORT RICHEY, FL 34668	<input type="checkbox"/> Add
		<u>- REMOVE.</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHICCO, SIANA N	32530 PATTI LANE	<input checked="" type="checkbox"/> Add
		<u>DADE CITY, FL 33523</u>	<input type="checkbox"/> Remove
		<u>- Add.</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

SECRETARY OF STATE
2023 MAR -9 AM 10:09
ALL INFORMATION IS

FILED
2023 MAR -9 AM 10:09
SECRETARY OF STATE
MAIL ROOM

(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.

Dated 03/05/2023 TD

Tyler Paulding
Signature of a member or authorized representative of a member

Tyles Spaulding
Typed or printed name of signer