

L23000399846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

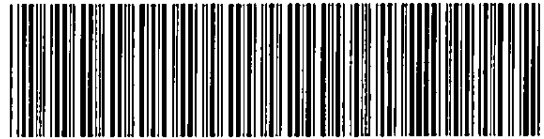
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FL

1/25/24  
KH

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Duncan Lawn Care & Property Maintenance, 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:

RODNEY B. DUNCAN

Name of Person

DUNCAN LAWN CARE & PROPERTY MAINTENANCE, LLC

Firm/Company

4316 AZORA ROAD

Address

SPRINGHILL, FL. 34608

City/State and Zip Code

boss ladyblake@aol.com

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

For further information concerning this matter, please call:

RODNEY B. DUNCAN

Name of Person

at (352) 403-4454  
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

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

Duncan Lawn Care & Property Maintenance, 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 08/21/2023 and assigned  
Florida document number L23000399846

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)**

4316 AZORA ROAD

SPRINGHILL, FL. 34608

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4316 AZORA ROAD

SPRINGHILL, FL. 34608

**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:

RODNEY B. DUNCAN

New Registered Office Address:

4316 AZORA ROAD

Enter Florida street address

SPRINGHILL

City

Florida 34608

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.*

See Attached  
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          | TERESA BROWN  | 5173 ROBLE AVENUE, SPRINGHILL, FL. 34608 | <input type="checkbox"/> Add               |
|              |               |  | <input checked="" type="checkbox"/> Remove |
|              |               |  | <input type="checkbox"/> Change            |
| MGR          | RODNEY DUNCAN | 4316 AZORA ROAD, SPRINGHILL, FL. 34608   | <input checked="" type="checkbox"/> Add    |
|              |               |  | <input type="checkbox"/> Remove            |
|              |               |  | <input type="checkbox"/> Change            |
|              |               |  | <input type="checkbox"/> Add               |
|              |               |  | <input type="checkbox"/> Remove            |
|              |               |  | <input type="checkbox"/> Change            |
|              |               |  | <input type="checkbox"/> Add               |
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|              |               |  | <input type="checkbox"/> Remove            |
|              |               |  | <input type="checkbox"/> Change            |

2024 JAN - 9 AM 11:26  
STATE OF FLORIDA  
SECRETARY OF STATE

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2024 JAN - 3 11:11:26  
Pursuant to 605.0207 (3)(b)  
will not be listed as the  
90th day after the

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 / Registered Agent

Typed or printed name of signee

**Filing Fee: \$25.00**