

L24000189498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

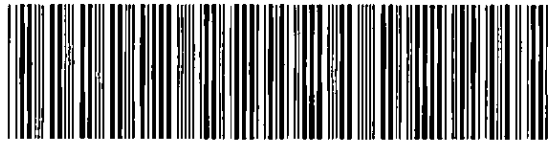
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FILED
2024 OCT 17 AM 11:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

To:

10-11-24

Florida Department of State
Divisions of Corporations
2415 N Monroe St., Suite 810
Tallahassee, FL. 32303

From:

Julia Spencer
Immaculate Lawn & Landscape LLC
10053 Delano Dr E
Jacksonville, FL. 32257
904-349-1820

Re: Doc# L24000189498

To Whom it May Concern:

We would like to remove one of the partners from the above referenced LLC.

Please find enclosed, the completed and signed Amendment and check for \$25 made out to Florida Department of State.

Thank you.

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

IMMACULATE LAWN & LANDSCAPE 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 04/23/2024 and assigned Florida document number L 24000189498

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)

10053 DELAND DR E

JACKSONVILLE, FL 32257

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10053 DELAND DR E

JACKSONVILLE, FL 32257

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:

N/A

New Registered Office Address:

Enter Florida street address

City

Florida

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

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MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

☐ Change

2024 OCT 17 AM 11:59
PORT OF STATE
TALLAHASSEE, FLORIDA

FILED
2024 OCT 17 AM 11:59
CLERK OF STATE
TALLAHASSEE, FLORIDA

10/11/2024

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 OCTOBER 11. 2024

Signature of a member or authorized representative of a member

JULIA SPENCER
Typed or printed name of signee

Filing Fee: \$25.00