

L24000310903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

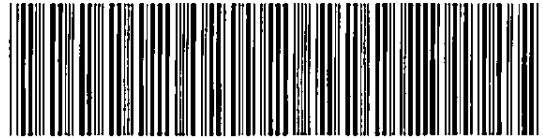
(Business Entity Name)

(Document Number)

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09/23/24--01019--003 **25.0

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELYSEES LAWN CARE SERVICES
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:

Ketlene Louis Charles
Name of Person

Firm/Company

1512 Quail DR Apt 3
Address

West palm beach Florida 33409
City/State and Zip Code

nhuberson32@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ketlene Louis Charles at (561) 685 7258
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**

ELYSEES LAWN CARE SERVICES

(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 07/12/2024 and assigned Florida document number 124000310903

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)

Ketlene Louis Charles
1512 Quail DR Apt 3
West palm beach Florida 33409

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE "PO")

1512 Quail DR Apt 3
West palm beach
Florida 33409

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:

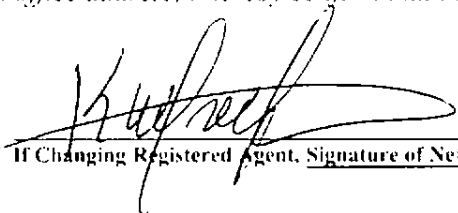
Ketlene Louis Charles

New Registered Office Address:

1512 Quail DR Apt 3
Enter Florida street address
West palm beach Florida 33409
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

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	Huber Mann	1512 Guvil dr Apt 3	<input type="checkbox"/> Add
		West palm Beach	<input checked="" type="checkbox"/> Remove
		FLORIDA 33409	<input type="checkbox"/> Change
MGR	Ketlene Louis	1512 Guvil dr Apt 3	<input checked="" type="checkbox"/> Add
	Charles	West palm Beach Florida 33409	<input type="checkbox"/> Remove
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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 09/12/24 .

Metlene' Louis Charles
Typed or printed name of signee