

M20000001440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

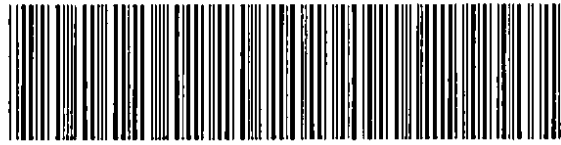
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/06/20--01003--008 **25.00

FILED
2020 MAR -6 AM 9:20
TALLAHASSEE, FL 32301
2020 MAR -6 AM 10:11
TALLAHASSEE, FL 32301

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MAR 09 2020

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY

*Pattar's Professional
Lawn Care, LLC*

FOR OFFICE USE ONLY

PICK ONE:

____ CERTIFIED COPY ☒ PHOTOCOPY ____ C.U.S.

FILING:

____ CORPORATION ____ LLC ____ LIMITED PARTNERSHIP ____ GENERAL PARTNERSHIP

____ FICTITIOUS NAME ____ SERVICEMARK/TRADEMARK ____ AMENDMENT

____ FOREIGN QUALIFICATION ____ JUDGMENT LIEN

☒ OTHER *Correction*

RETRIEVAL:

____ GOOD STANDING CERT/C.U.S. ____ CERTIFIED COPY ____ PHOTOCOPY

Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE *3/6/20* TIME _____

Notes:

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: POTTER'S PROFESSIONAL LAWN CARE, LLC

SECOND: The Florida Document number of the limited liability company is: M20000001440

THIRD: Document to be corrected is: AMENDMENT TO CERTIFICATE OF AUTHORITY

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

The principal office address change was omitted from the document. The Principal Office Address is:

377 SW 14th Ave., Pompano Beach, FL 33069

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Elisabeth Stehler

Signature of Authorized Representative

3-5-2020

Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee:	\$25.00
Certified Copy:	\$30.00 (optional)