# 11000128131

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(Address)				
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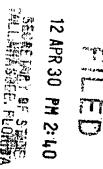
MAY - 3 2012

**EXAMINER** 



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# **COVER LETTER**

TO:	Registration Se Division of Cor	ction porations		
SÜBJE	·CT·	NatureZor	ne Landcare, LLC	
	<u> </u>	Name of Limi	ted Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Karen Whitenton	
			Name of Person	
		Nat	ureZone Landcare, LLC	
			Firm/Company	
			P.O. Box 2377	
			Address	
		La	nd O Lakes, FL 34639	
			City/State and Zip Code	
		F-mail address: (	carwhit@verizon.net to be used for future annual report notifice	ution)
For fur	ther information c	oncerning this matter, please o	·	
i or ruc	aler information e	oncerning this matter, prease c	мі.	
		en Whitenton	ai ( · - )	95-0497
	Name o	f Person	Area Code & Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nature Zo	one Landcare, LLC	
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co		
Florida document number L11000128691	<del></del> '	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
The new name must be distinguishable and end with the work 'L.L.C."	ds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
		A A
		8
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		5 N O
Muning university MAT BE A LOST OF TICE BOAY		5 6
		35
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		records, enter the name of the nev
registered agent and/or the new registered office addi	1655 1161 6.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	Torida street address
		, Florida
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title . **Name Address** Type of Action MGRM Joe S. Whitenton 19002 Narimore Drive ☐ Add Land O Lakes, FL 34638 ✓ Remove Remove \_ Add Remove Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 27 2012

Dated \_\_\_\_

Signature of a member or authorized representative of a member

Kevin H. Tramel

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00