

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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	Office Use On	ly



05/11/24--01035--016 **25.00



COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: <u>Ga</u>	rden Gnomes Name of Limi	Yad Maintenan ted/Liability Company	ce, LLC.
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	_ Candice	Brothers Name of Person	
		Firm/Company	
	1930 Film	Address	
	<u> Mel bourne</u>	City/State and Zip Code	
	Godenano E-mail address: (t	mes gards a Gma	1. com
For further information cor	ncerning this matter, please ca	dl:	
Candice. Name of I	Person	at (<u>321</u>) <u>20%-1</u> Area Code Daytime	OSI Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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)
3.5 22			

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

•	• •
The Articles of Organization for this Limited Liability (Florida document number <u>L150000412</u> 0	Company were filed on 3/5/2015 and assigned 5.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD)	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	2024
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name of the new registered
agent and/or the new registered white address here.	
Name of New Registered Agent:	Thomas Pollins
New Registered Office Address:	Enter Florida street address
	•
	, Florida City Zin 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>	Name	Address	Type of Action
MGR	Thomas Pollins	1930 Fillmore Are.	Add
		Melbourne, FL-32935	□Remove
			□Change
MGR	Candice Brothers	1930 Fillmore Aus.	□Add
		Melbourne Fr. 32935	Remove
			□ Change
			□Remove
			□Change
		 	□Add
			□Remove
		·	□Change
			□Add
			□Remove
			Change
			□Add
			Pomovo

If amending any other information, enter change(s) here: (Attach additional sheet:	a, y necessary.y
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl rd is filed.	lier of: (b) The 90th day after the
Dated May 30 . 2024.	
Signature of a member or authorized representative of a memb	er
Candice Brothers Typed or printed name of signee	