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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: <u>NAtore's Own Landscapin</u> & LLC  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:
Michael L. Morris Name of Person
NATOREIS DWN LANDSCAPING LLC Firm/Company
8918 Gibson Rd. Address
Molino Fl. 32577 City/State and Zip Code
FC Morr (a) Frontier net. net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael L. Morris  at (850) 587-5644 cell 850-380-625  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additiona

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

FILED
11 NOV 28 PM 3: 28
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

NATUREIS OWN LANDSCAPING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

and assigned Florida document number <u>L06 00000509</u> 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 end with 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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 <u>Name</u> **Address** Type of Action 8918 Gibson Rd. Molino Fl. 32577 MERM FAYEC. MORNIS Remove Add Add ☐ Remove Add Remove □Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Nov. 21, 2011 Michael 1. Manual
Signature of a member or authorized representative of a member Michael Morris
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00