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Requestor's Name)	
Address)	
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City/State/Zip/Phone	→ #)
WAIT	MAIL
Business Entity Nan	ne)
Document Number)	
Certificates	of Status
	Address) Address) City/State/Zip/Phone WAIT Business Entity Nan

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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COVER LETTER

Division of Corporations
SUBJECT: Hunter Irrigation & Sandscaping Sol
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hunter Watson Name of Person
- Hunter Irrigation & Sandsepping, Add
PO BOX 1718 Address
Flagler Beach, FL 32136 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pam Greene at (386) 439 - 999 2 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability (A Florida		ears on our records.)	<u> </u>
The Articles of Organization for this Limited Liability Florida document number	Company were filed on _	-1 (and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company	here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Con	npany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad	istered office address of dress here:	n our records, enter the	name of the new
Name of New Registered Agent:		34 c	
New Registered Office Address:		기 수 기 수 기 수 기 수 기 수 기 수 기 수 기 수 기 수 기 수	
		Enter Florida street addre	
		, Florida	
Non-Desirated A. G. C.	City		:Zip Code
New Registered Agent's Signature, if changing Register	ea Agent:	23	·

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager . MGRM,= Managing Member						
Title	<u>Name</u>	Address	Type of Action			
Mga Mga	Stephen F. Walson	PO Box 1718 Flagler Beach, Fl. 32136	Add Remove			
Sec.	Stephen F. Watson	PO BOX 1718 Flager Berch, FL 32136	Add Remove			
Treas.	Stephen F Watson	PO Box 1718 Flogier Beach, FL 32136	Add Remove			
msc	Hunter J. Watson	PO BOX 1718 Elagler Barry, FL 32136	Add Remove			
Sec	Hunter S. WASON	PO BOX 1718 Flagler Beach, FL 32136	Add Remove			
Trens	Hunter S. Watson	PO BOX 1718 Flog Ker BARCH, FL 30176	Add Remove			
D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
			_			
_						
			_			
 Dated	Denvery 19 20		_			
	January					
	Signature of a member of Stephen F. W	r authorized representative of a member				
	Typed or	Printed name of signee				

Page 2 of 2

Filing Fee: \$25.00