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J. SAULSBERRY EXAMINER

JUN 2 8 2011

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AGM HandScaping 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:
Maritza mcDavitt
AGM Landscaping UC.
17449 Honewood Rel
Fort Myers RL 339(27)
Eor further information concerning this matter, please call:
To take the small of the matter, prease out,
Maritra Maritr
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 Filing Fee \$Certified 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

(Name of the Limited Liability (A Florida L	Company as imited Liabilit	it now appears ty Company)	s on our records.)	-		
The Articles of Organization for this Limited Liability Co.			arch-25		assigned	i	
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limit	ted liability c	company here	;				
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Li	ability Compar	y," the designation	n "LLC" or t	he abbre	viation	
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>	· · · · · · · · · · · · · · · · · · ·				 ,	
Futon many mailing address '6 and include		· · · · · · · · · · · · · · · · · · ·		TAILL.	2011.		:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				프로 프로	E	- 1	
				SSEE FL	27 PM		
B. If amending the registered agent and/or registered agent and/or the new registered office address.		ddress on ou	ır records, <u>ent</u>	er the mam	e OP the ယ္က	<u>: new</u>	
Name of New Registered Agent:	<u>1arit</u>	200	McDai	ritt			
New Registered Office Address:	449 14	DWW(Ente	r Florida street	fortmu address	jus.	PL 330	167
Fo	x+ m City	y 1r=	, Florida	230 Zip C	167 ode		

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** ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove $\prod Add$ Remove ∏Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Jone 23 2011 Signature of a member or authorized representative of a member Marit McDani Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00