

L06000108998

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUN -2 2011

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Tampa Luxury Landscaping 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:

John Godwin

Name of Person

Tampa Luxury Landscaping LLC.

Firm/Company

PO Box 48257

Address

Tampa, FL 33647

City/State and Zip Code

tll@tampaluxurylandscaping.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Queenisha Hamilton-Grein

Name of Person

at ( 813 )

994-0855

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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)

### 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**

Tampa Luxury Landscaping LLC.

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

The Articles of Organization for this Limited Liability Company were filed on November 9, 2006 and assigned  
Florida document number L06000108998.

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:

2035 Attaway Drive

(Principal office address MUST BE A STREET ADDRESS)

Brandon, FL 33511

Enter new mailing address, if applicable:

same address as currently on file

(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:

John Godwin

New Registered Office Address:

2035 Attaway Drive

*Enter Florida street address*

Brandon

, Florida

33511

*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.*

*John P. Godwin*  
If Changing Registered Agent, Signature of New Registered Agent

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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:

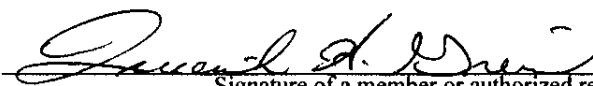
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Brian Hamilton-Grein	9476 Hunters Pond Drive Tampa, FL 33647	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Queenisha Hamilton-Grein	9476 Hunters Pond Drive Tampa, FL 33647	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	John Godwin	2035 Attaway Drive Brandon, FL 33511	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated May 25, 2011



Signature of a member or authorized representative of a member

Queenisha Hamilton-Grein

Typed or printed name of signee