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SECRETARY OF STATE
ANASSEE, FLORID

T. CLINE

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**EXAMINER** 

# **COVER LETTER**

Division of Corporations					
SUBJECT: Commer	(Name of Limited Liability Company)				
The enclosed Articles of Amendment	and fee(s) are submitted for filing.				
Please return all correspondence cond	cerning this matter to the following:				
	Dennis Tober (Name of Person)				
Com	numercial Landscaping and Irrigation (Firm/Company)				
_ 79	126 Talley Ann Dr (Address)				
Ta	City/State and Zip Code)				
For further information concerning the	(City/State and Zip Code)  City/State and Zip Code)				
Dennis Tobe (Name of Person)	2 1080 509-6932 mg				
`					
Enclosed is a check for the following	amount:				
	Filing Fee & \$\ \bigsquare{1}\\$55.00 Filing Fee & \$\ \bigsquare{1}\\$60.00 Filing Fee, \\ \text{(additional copy is enclosed)} \\ \end{align*} \text{Certified Copy (additional copy is enclosed)} \\ \end{align*} \text{Certified Copy (additional copy is enclosed)} \\ \end{align*}				

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 Lia	Aand Scaping and ability Company as it now appears of orida Limited Liability Company)	on our records.)	stion, LCC	I -
The Articles of Organization for this Limited Liabi	lity Company were filed on	6/19/2007	and assigned	
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of the Sus Fainable Irr	igation & Land	dscaping.	کارک ۔۔	_
The new name must be distinguishable and end with the L.L.C."	ne Words "Limited Liability Company	," the designation"EL	C"ror the abbreviati	17 MONU
3. If amending the registered agent and/or registered agent and/or the new registered office		r records, <u>enter the</u>	e name of the me AM 10: 53	<u>ew</u>
Name of New Registered Agent:			55 55	-
New Registered Office Address:	(Ente	er Florida street addr	ess)	-
-	, Florida			-
	(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.

(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 = M MGRM =	anager Managing Member		
Title .	<u>Name</u>	Address	Type of Action
		<del></del>	Add Remove
			Add Remove
- Andrews - All Prince - Andrews - A	•		
			Remove
			Add Remove
			Add ⊳⊘Rem <u>o</u> ye
			-LIAHA
			Remove
D. If amer	nding any other information, enter cha	ange(s) here: (Attach additional sheets, if nece	AH IO: 53
_			
_		· · · · · · · · · · · · · · · · · · ·	
Dated	February 21, o	2008	
	Signature of a mem	iber or authorized representative of a member	
	Dennis		

Page 2 of 2

Filing Fee: \$25.00