## #107000080153

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13 FEB - 7 PN 3-09

K.SALY EXAMINER FEB - 8 2013

## **COVER LETTER**

TO: Registration Section
Division of Corporations

Plants Palms and More 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:

Angela Black
Name of Person
Firm/Company
136 Creek Dr SE
Address
Port Charlotte, Florida 33952
City/State and Zip Code
decor4u@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Black

941)661-0878

Name of Person

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

13 FEB - 7 PM 3: 09

TAILLAMASSE PLONIES

Plants Palms and More 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	y Company were filed on 08/06/2007	and assigned
Florida document number L07000080153		
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
Happy Scapes LLC		
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD.	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	gistered office address on our records, aldress here:	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		orida
	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 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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
<del></del>			Add	
			Remove	
			Add	
			Remove	
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<del></del>	<del></del>			
			Remove	
			<del></del>	
<del></del>			Add	
			Remove	
			Add	
			Remove	

If amending any other informa	tion, enter change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
<del>_</del>	
February 1	<u> </u>
d	1. TO DO
	FIRE TOUR
Sig	nature of a member or authorized representative of a member
Angela Black	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00