L07000082036

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Divi | sion of Cor | porations | | | | |
|----------------|-----------------------------------|---|--|-----------------|--|--|
| | SUNNYDA | AYS NURSERY & LANDSCA | APE LLC | | | |
| SUBJECT: | Name of Limited Liability Company | | | | | |
| The enclosed | Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return | all correspo | endence concerning this matter | to the following: | | | |
| | | SALVADOR SEGOVIAN | NO | | | |
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| | | 420 7TH AVE NE | | | | |
| | | | Address | _ | | |
| | | RUSKIN, FL 33570 | | . 28 | | |
| | 7023 APC | | | | | |
| | | E-mail address: | (to be used for future annual report notification) | .∵ — — | | |
| For further in | formation c | oncerning this matter, please o | call: | | | |
| SALVADOR | SEGOVIA | .NO | 813 918-8756 | Pi112: 2: | | |
| | Name o | f Person | at () Area Code Daytime Telephone Number | - m 23 | | |
| Englosed is a | uhaak for th | ne following amount: | | | | |
| | | • | | **** | | |
| ≡ 525.00 Fi | iling Fee | ☐ S30.00 Filing Fee & Certificate of Status | Certified Copy Certification (additional copy is enclosed) Certified Certified | ate of Status & | | |
| | | | | | | |
| | ling Addres istration S | | Street Address: Registration Section | | | |
| Div | ision of C | orporations | Division of Corporations | | | |
| P.O | . Box 632 | 7 | The Centre of Tallahassee | | | |

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SUNNYDAYS NURSERY & LANDSCAPE LLC | | | |
|---|---------------------|-------------|---|
| (Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company) | <u>'ds.</u>) | | |
| The Articles of Organization for this Limited Liability Company were filed on 08/09/2007 | a | nd assig | ned |
| Florida document number L07000082036 | | | |
| 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 contain the words "Limited Liability Company," the designation "LL | C" or the abbreviat | ion "L.L. | C." |
| Enter new principal offices address, if applicable: | : | 2027 | |
| (Principal office address MUST BE A STREET ADDRESS) | i • ′ | 7; | · • • • • • • • • • • • • • • • • • • • |
| | | | |
| | , | ъ | ٠. |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | <u> </u> | <u>~</u> | |
| | ra | <u></u> | |
| | | | |
| B. If amending the registered agent and/or registered office address on our records, enter agent and/or the new registered office address here: | r the name of t | he new i | <u>registered</u> |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| Enter Florida street addre | PSS | | |
| . F | lorida | | |

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------------|------------------|----------------|
| MGR | ANGEL SEGOVIANO QUIRINO | 420 7TH AVE NE | ■Add |
| | | RUSKIN, FL 33570 | Remove |
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| <u>ote:</u> if | e date, if other than the date tive date is listed, the date must be spe the date inserted in this block de it's effective date on the Departn | es not m | neet the appli | cable statutory | or more than 90 filing requires | (option) days after filments, this d | al) ing.) Purs ate will | suant to 60 not be lis | 5.0207 ted as |
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Filing Fee: \$25.00