



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2011

BRENT GUST
PO BOX 252
LYNN HAVEN, FL 32444

SUBJECT: BRENT'S LAWN CARE LLC
Ref. Number: L08000013246

We have received your document for BRENT'S LAWN CARE LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The name you are changing to is an existing company name. The dissolution has not yet been filed.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 111A00028397

11 DEC 27 PM 4:12
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
11 DEC 28 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To : Department of Corporations
Fax : (850) 245-6030

Attention : Debra

Debra, we spoke on the phone earlier today. I am
dissolving one company and moving the name over to
the other. If there are any problems, please call
me @ (850) 596-7469. I hope this can be done
ASAP as other actions are waiting on this. Thanks to
Debra for your time.

Please call me and let me know when the paperwork
gets filed.

Thank You !

Brent (850) 596-7469

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: Brent's Lawn Care 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:

Brent
Name of Person

Brent's Lawn Care LLC
Firm/Company

P.O. Box 252
Address

Lynn Haven, FL 32444
City/State and Zip Code

naturescapespc@hotmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Brent at (850) 596-7469
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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Brent's Lawn Care 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 02/06/2008 and assigned Florida document number L08000013246.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Naturescapes Groundskeeping LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

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TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input 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
_____	_____	_____	<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.)*

11 DEC 27 PM 4: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated _____



Signature of a member or authorized representative of a member

Brent Gust

Typed or printed name of signee