L08000016223

(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	÷#)
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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

T. HAMPTON
SEP 2 3 2008
EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT: KC Land	lscape Services, Ll	_C	
		ited Liability Company)	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Karin Claveria		
		(Name of Person)	
	KC Landscape Services,	LLC	
		(Firm/Company)	
	2017 Avalon Cove Ct		
		(Address)	
	Brandon, FL 33511		
		(City/State and Zip Code)	
For further information co	ncerning this matter, please c	all:	
Karin Claveria		at (504) 494-0962	
(Name of	`Person)	(Area Code & Daytime 1	elephone Number)
Enclosed is a check for the	e 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

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Division of Corporations,

Enclosed Articles of Amendment to Articles of Organizations of KC Landscape Services, LLC and a check in the amount of \$60.00.

I can be reached at (504) 494-0962.

Sincerely,

Karin Claveria

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KC Landscape Services, LLC				
(<u>Name of the Limite</u> (d Liability Compa A Florida Limited l	i <mark>ny as it now appears or</mark> Liability Company)	our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on Februar	ry 14, 2008	_ and assigned
Florida document number L08000016223				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
N/A				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company,"	the designation "LL	C" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)		SE SE	7 8
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and		ffice address on our	RETARY OF STATE AHASSEE. FLORIDA	
registered agent and/or the new registered of			records, enter the	name of the ne
Name of New Registered Agent:	N/A			
New Registered Office Address:		<u> </u>		···
		(Enter	Florida street addre	255)
			, 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 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>	Name	<u>Address</u>	Type of Action
MGR	Cesar A. Claveria	2017 Avalon Cove Ct Brandon, FL 33511	Add Remove
MGRM	Karin Claveria	2017 Avalon Cove Ct Brandon, FL 33511	Add Remove
MGR	Karin Claveria	2017 Avalon Cove Ct Brandon, FL 33511	Add Remove
MGRM	Cesar A. Claveria	2017 Avalon Cove Ct Brandon, FL 33511	
			Add Remove
			Add Remove
D. If a	mending any other information, enter	change(s) here: (Attach additional sheets, if	necessary.)
	Karin Claveria = Operating Manage	r	
	Cesar A. Claveria = Vice Operating N		ZIDB S SECRE
		·	EP 22 ASSEE.
Dated _	K	2008/ U	P 2: 08
	_	member or authorized representative of a member	
	KARIN CLAVER	A Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00