

Division of Corporations Public Access System

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Tor

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: PIERRE AND ASSOCIATES LLC

Account Number : 120050000192 Phone

: (561)266-5757

Fax Number

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G. MCLEOD

JUL - 2 2008

EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations** The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/Company) For further information concerning this matter, please call: at (6/) 266-5757 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: □\$60.00 Filing Fee, \$25.00 Filing Fee □\$55.00 Filing Fee & □\$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status &

> MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Ccrtified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

(additional copy is enclosed)

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	TO	\$ ≦
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	Or	
	TY - 1/2	
DON CAPING	mpany as it now appears on o	
(A Florida Limi	ited Liability Company)	<u>ii recurii.</u>
	-1-1	
The Articles of Organization for this Limited Liability Com	pany were filed on $3/3/3$	2008 and assigned
Florida document number <u>L080000</u> 22684	· /,	45.3
		
This amendment is submitted to amend the following:		
I'ms amendment is submitted to affiend the following:		. ·
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words	'I imited Liability Company " th	e designation "LTC" or the abbreviation
"L.L.C."	Limitor Districtly Company, to	a residential Section of the section
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
•	·	
Barrier and the state of the st	•	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
·		
		•
B. If amending the registered agent and/or registere		cords, <u>enter the name of the nev</u>
registered agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
		••
New Registered Office Address:	/m riv	and do about a deligação
•	(Enter Fi	orida street address)
· ·		
	(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)

MGR = Manager

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:

MGRM - Managing Member <u>Address</u> Type of Action Title Name MGM Rasomon ☐ Add Remove \mathbf{Add} Remove Add Remove Add Remove 🗖 Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

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Filing Fee: \$25.00