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MILLANA SEEF FLORINA

K.SALY EXAMINER OCT 26 2012

COVER LETTER

Division of Corporations
SUBJECT: Todal Brothers Landscaping, UC 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:
Christina Todd Name of Person
Todd Brothers Lawscaping, UC
2510 McMichael Rd
St. Clwl, Fl 347) City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christina Todol at (40) 9574622 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additional

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

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•	Or			
Name of the Limited Li	OHOTS LO	ndscaping ALLA w appears on our records.)	LARY OF STATE	
(Name of the Limited Li (A Fl	orida Limited Liability Co	mpany)	,	
The Articles of Organization for this Limited Liab Florida document number		1 on 4 14 2008	and assigned	
	,			
This amendment is submitted to amend the follow	ng:			
A. If amending name, enter the new name of the	e limited liability com	oany here:		
The new name must be distinguishable and end with t "L.L.C."	ne words "Limited Liabili	ty Company," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicab	e:			
(Principal office address MUST BE A STREET)	(DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered offic		ess on our records, <u>enter t</u>	the name of the new	
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 **Type of Action** <u>Title</u> Name 1 **Address** MPRUM ☐ 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 1 Signature of a member or authorized representative of a member

Page 2 of 2

yped or printed name of signee

Filing Fee: \$25.00