## L08000063833

(Re	questor's Name)	
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P!CK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nar	ne)
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OR JUL 18 PM 2: 1

T. HAMPTON

JUL 2 1 2008

**EXAMINER** 

## **COVER LETTER**

	ration Section on of Corpora							
SUBJECT:	SARA	SOTA	Special Name of Limi	41+4 ted Liability (	<u>GAP DE</u> Company)	WS 07	F SARASOTA	! Lle
The enclosed At	rticles of Ame	endment and	fee(s) are subi	mitted for filin	g.			
Please return all	corresponder	nce concernin	g this matter t	to the followir	ıg:			
	_	Нисн	(GAP)	24 Au (Name of	COUSTIA Person)	<u>/E</u>		
				(Firm/Cor	npany)			
	_	2148	CLE	<i>MATIS</i> (Addre	PLAC,	٤		
	_	SAPA	SOTA,	FL. 3	34239 Zip Code)			
For further infor	mation conce	rning this ma	itter, please ca	ill:				
,		-	·		4/) 95 (Area Code & D	2-/E	PA33 phone Number)	
Enclosed is a ch	eck for the fo	llowing amou	ant:		,			
□ \$25.00 Filing	g Fee	\$30.00 Filin Certificate		Certifie	iling Fee & d d Copy anal copy is enc		2560.00 Filing Fee, Certificate of Stat Certified Copy (additional copy i	
£ +	Registration	Corporations 327			STREET/CO Registration S Division of C Clifton Buildi 2661 Executiv Tallahassee, F	Section orporations ing ve Center C		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SARASOTA SPECIALTY GAPDENS OF SARASOTA 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 <u>JUNE 30, 2008</u> and assigned Florida document number <u>L08000063833</u>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liab	ility company here:
SPECIALTY GAPDENS	OF SARASOTA LLC.
The new name must be distinguishable and end with the words "Limi "L.L.C."	
Enter new principal offices address, if applicable:	HUGH GARRY AUGUSTINE
(Principal office address MUST BE A STREET ADDRESS)	600 CENTRAL AVE.
	SAPASOTA, FL. 34236-4017
Enter new mailing address, if applicable:	HUGH GAPRY AUGUSTINE
(Mailing address MAY BE A POST OFFICE BOX)	2148 CLEMATIS PLACE
	SAZASOTA, FL. 34239

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:

FILED

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SECRETARY OF STATE

MILLANASSEE FAIL

Name of New Registered Agent:		
New Registered Office Address:		
•	(Enter Fl	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)

Page 1 of 2

SECRETARY OF STATE

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 = I	Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
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D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	08 14
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_			ED © 2: 1 OF STATE 1: FLØRIDA
Dated	7/16/ 200 Asi	2008	2
	Signature of a member of ARA Typec	or authorized representative of a member  AUGUSTIVE  I or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00