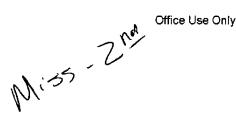


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G. MCLEOD

**EXAMINER** 

SECRETARY OF SUASIL DIVISION OF CORPORNATION

## COVER LETTER

COVER DETTER
TO: Registration Section Division of Corporations
SUBJECT: Kevin Convelly's First Coast Nursery LLC (Name of Limited Liability Company)
(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:
(Name of Person)
Kevin Connelly's First Coast Pools+ Nursery LL
8650 C.R. \3N (Address)
St Augustine, fl 32092 (City/State and Zip Code)
For further information concerning this matter, please call:
Kevin Connelly at (904) 813 - 0032  (Name of Person) at (904) 813 - 0032  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

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

K	cvin	CONNC	2011.	First	Coast	Nursery	LLC
	(Name of	f the Limited I	Liability C	Company as it	now appears	on our records.)	
	-	(A)	Florida Lir	nited Liability	Company)		

( <u>Name of the Limited Liabili</u> (A Florida	ty Company a Limited Liabi	s it now apr lity Compan	oears on our r y)	ecords.)		
The Articles of Organization for this Limited Liability Florida document number <u> </u>		e filed on _	Aug :15,	2008	_ and assig	gned
This amendment is submitted to amend the following:	•					
A. If amending name, enter the new name of the lin						
Kevin Connelly's First Co. The new name must be distinguishable and end with the w	ast Poo	Is and	Nurse	ry LLC	<u>-</u>	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited I	Liability Co	mpany," the de	esignation "LLC	C" or the ab	breviation
Enter new principal offices address, if applicable:				•		D
(Principal office address MUST BE A STREET ADD	ORESS)				<u> </u>	38
		···.			MAR	<u> 25</u>
Enter new mailing address, if applicable:					-2 P	
(Mailing address MAY BE A POST OFFICE BOX)					2	<u> </u>
	_				50	() 8 ~~ ==================================
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		address o	on our recor	ds, <u>enter the</u>	name of	the new
Name of New Registered Agent:	, , ,		·			
New Registered Office Address:						
			(Enter Florid	da street addre	ess)	
				Florida		
	((	Tity)			(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 = Ma $MGRM = N$	nager Managing Member		
Title	<u>Name</u>	Address	Type of Action
<u></u>			Add Remove
			<b>=</b> 0
	· .		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if neces	sary.)
alistica.			<del></del>
	Feb 27th, 20	)09	<del></del>
Dated	KR.Com		
	Kevin R. C	on N &	

Page 2 of 2

Filing Fee: \$25.00