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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

Division of Cor	porations		
Florida L	andscapes & Associate	s of Southwest Florida, LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
•	John F. Bevan		
		Name of Person	
	Florida Landscapes	& Associates of Southwest F	lorida, LLC
	•	Firm/Company	
	93 1st Street		
		Address	
	Bonita Springs, FL 3	34134	
		City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notifica	tion)
For further information c	oncerning this matter, please ca	di:	
John F. Bevan		239 860-0348	
Name o	f Person		elephone Number
Englosed is a shock for th	ha following amount:		
Enclosed is a check for the	-	M 44 5 5 7 10 1	3
\$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

TO:

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

Florida Landscapes & Associates of Southwest Florida, 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 August 18, 2008 and assigned Florida document number L08000078919 This amendment is submitted to amend 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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 4 Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action MGR -Margaret Bevan 93 1st Street □ Add Bonita Springs, FL 34134 ■ Remove John F. Bevan ·MGR 93 1st Street Add Bonita Springs, FL 34134 □ Remove □ Add □ Remove Remove : ☐ Remove □ Add ☐ Remove

•		
		· -
Effective date, if other than the d The effective date must be specific, cannot the date this document is filed by the Flor	ate of filing: be prior to date of receipt or filed date and caida Department of State)	(optional) nnot be more than 90 days after
Dated November 5	2014	
Jaleu		
	7)	
	ignature of a member or authorized represen	tative of a member
S	ignature of a member of aumorized represen	
s John F. Bevan	ignature of a member of audiorized represen	

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Filing Fee: \$25.00

SECRETARY OF STATE
TALL AHASSEE, FLORIN