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SECRETARY OF STATE A

M. THOMAS

AUG 1 2 2009

EXAMINER

COVER LETTER

Division of Corp	porations			
SUBJECT:	Sanko's	Gardens, LLC		
SOLULION.		ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
		Christine M. Sanko		_
		Name of Person		
	s	anko's Gardens, LLC		
		Firm/Company		
		8373 Mallory Street		影響
		Address		翌ら一
	We	eki Wachee, FL 34613		TALCAFIASSEE, FLORIDA
		City/State and Zip Code		FIS
		ccsanko@aol.com		RE 2
	E-mail address: (to be used for future annual report no	tification)	P
For further information co	oncerning this matter, please of	all:		
	an A. Lopez	at (_407)	760-1020	
Name of	Person	Area Code & Dayti	ime Telephone Numb	a
Enclosed is a check for th	•			
\$25.00 Filing Fee	Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifie	ating Fee, ate of Status & ad Copy mal copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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**

Salik	os Gardens, LL	<u> </u>			
(Name of the Limited Liabili (A Florida	y Company as it now a Limited Liability Compa	ppears on our (any)	records,		
,		• /			
The Articles of Organization for this Limited Liability	Company were filed on	September 1	er 29, 2008	_ and assigned	
Florida document numberL08000091913	·············				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lir	nited liability compan	<u>y here</u> :		•	
Sank	o's Services, LLC				
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability C	Company," the d	esignation LL	C of the abbreviation	
Enter new principal offices address, if applicable:			75	10 0 W	
(Principal office address MUST BE A STREET ADD	RESS)		77	· 至 〇	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·		AND THE PROPERTY OF THE PROPER	
Indusing underest in the Born Control Born					
B. If amending the registered agent and/or registered agent and/or the new registered office ad		on our reco	rds, <u>enter the</u>	e name of the nev	
Name of New Registered Agent:		$\overline{}$			
New Registered Office Address:	New Registered Office Address: Enter Florida street address				
			Florida		
	City			Zip Code	
Non-Degistered Agent's Signature of shanging Degister	and Amounts		\		

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 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 **Title** Name **Address Type of Action** Add 📋 Remove Add Remove ☐ Add □ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 6 2009 Dated _ Signature of a member or authorized representative of a member Christine M. Sanko Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00