

108000104272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

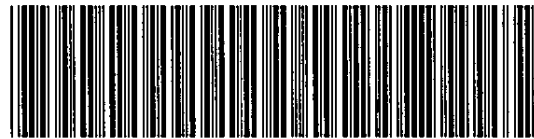
(Business Entity Name)

(Document Number)

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17 MAY 26 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 30 2017

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NATURE'S VISION LAWN CARE LLC

\_\_\_\_\_  
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:

JOSE AGUILAR

\_\_\_\_\_  
Name of Person

NATURE'S VISION LAWN CARE LLC

\_\_\_\_\_  
Firm/Company

PO BOX 1313

\_\_\_\_\_  
Address

LABELLE, FL 33975

\_\_\_\_\_  
City/State and Zip Code

KYNDEL@LABELLECPA.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE AGUILAR

863 234-6438  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

NATURE'S VISION LAWN CARE 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 11/07/2008 and assigned  
Florida document number L08000104272.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1601 GARDEN ST.

(Principal office address MUST BE A STREET ADDRESS)

LABELLE, FL 33935

Enter new mailing address, if applicable:

PO BOX 1313

(Mailing address MAY BE A POST OFFICE BOX)

LABELLE, FL 33975

**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:**

Name of New Registered Agent:

JOSE AGUILAR

New Registered Office Address:

1601 GARDEN ST

*Enter Florida street address*

LABELLE

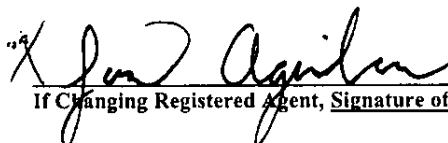
*City*

, Florida 33935

*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 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.*



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CURTIS N PRATT	4511 LOBLOLLY BAY RD.	<input type="checkbox"/> Add
		LABELLE, FL 33935	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JOSE AGUILAR	PO BOX 1313	<input checked="" type="checkbox"/> Add
		LABELLE, FL 33975	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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FILED  
17 MAY 26 PM 4:01  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
FALLAHASSIE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MAY 22, 2017

*X for Aguilera*  
Signature of a member

Signature of a member or authorized representative of a member

JOSE AGUILAR

Typed or printed name of signee