## L08000/06291

. (R	Requestor's Name)					
(A	address)					
(Address)						
(C	City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
<u>L</u>						





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SECRETARY OF STATE
AFLAHASSEE, FLORIO

J. BRYAN

MAY - 4 2009

EXAMINER

## **COVER LETTER**

TO: Registration So Division of Con	ection rporations					
SUBJECT: VENT	URE GOLFA	LAND SCAPE	LINITEO ity Company)	LIABILITY	COMPANY	
The enclosed Articles of Please return all corresponding	·	,	•			
		In BRAD	LE V		TALL	99.H
	Venture	_	Land sap	e, LLC	AHASSE	N-1 PH 2: 26
	1000 Per	tmoor Was	ddress)		<u> </u>	4 2: 26 F. STATE
	Winter	Garden, (City/State	FL 347 e and Zip Code)	87		<i>,</i> ,,
For further information of	concerning this matter	, please call:				
Jin By (Name	of Person)	at	( <b>32(</b> ) <b>2</b> 6 (Area Code	<b>19 - 2365</b> & Daytime Teleph	none Number)	
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	□\$30.00 Filing Fo Certificate of		00 Filing Fee & rtified Copy	0	\$60.00 Filing Fee, Certificate of State	us &

**MAILING ADDRESS:** 

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VENTULE GOLF - LANDSCAPE LINETED LIABILITY COMPANY (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(	,,,	T		
The Articles of Organization for this Limited Liability Company	were filed on November 14, 2	of and assigned		
Florida document number	,			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:	•		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designatio	n "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	6868 County Road	305		
(Principal office address MUST BE A STREET ADDRESS)	6868 County Road Burnell, Florida 3	2110		
	· ·			
	1212 4 1 7	0 2		
Enter new mailing address, if applicable:	6868 County Road Bunnell, Florida 3	2 305		
(Mailing address MAY BE A POST OFFICE BOX)	Bunnell, Florida 3	2/10		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the nev		
registered agent and/or the new registered office address her	<u>e</u> .			
Name of New Registered Agent:				
New Registered Office Address:	(Enter Florida street	address)		
	(Diner 1 tortua street address)			
	, Florida	(Zip Code)		
	(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)

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** <u>Name</u> <u>Address</u> **Type of Action** Wayne Smith ngrh 🗖 Add Remove **□** Add Remove **1** Add Remove **□** Add □ Remove 🗖 Add Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of Bradley
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00