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2009 SEP -8 AHII: 31
SECRETARY OF STATE

M. THOMAS

SEP - 9 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co	Section orporations		
SUBJECT:	Showcase	Landscaping, LLC	
· ·	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sui	bmitted for filing.	
Please return all corresp	condence concerning this matter	r to the following:	
		Teresa Livezey	
		Name of Person	
	Show	wcase Landscaping, LLC	
	声名 島 不		
	TALLAHASSEE, FLORID		
		Address	Sign of IT
	F	Fort Myers, FL 33908	Eng. 3
	City/State and Zip Code		
	showcas	selandscaping@comcast.net to be used for future annual report notifica	
	E-mail address: (to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	call:	
	eresa Livezey		40-1995
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	the following amount:		
\$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 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

	Showcase Lar	<u>idscaping, L</u>	LC	
(<u>Na</u>	me of the Limited Liability Comp (A Florida Limited	any as it now app Liability Compan	ears on our records.)	
The Articles of Organization f	or this Limited Liability Compan	y were filed on _	January 16, 2009	and assigned
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited lia	bility company	here:	
The new name must be distingui "L.L.C."	ishable and end with the words "Lin	nited Liability Cor	npany," the designation "LL	C" or the abbreviation
Enter new principal offices a	address, if applicable:			FOR SE
(Principal office address MU	ST BE A STREET ADDRESS)	 		TET PO
Enter new mailing address, (Mailing address MAY BE A				AHII: 31
	ered agent and/or registered onew registered office address he		n our records, <u>enter th</u>	e name of the new
Name of New Regis	tered Agent:			
New Registered Off	ice Address:		Enter Florida street addre	ess
			s	
		City	, Florida	Zin 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

<u>l'itle</u>	Name	Address	Type of Action
MGRM_	William Livezey	7170 Emily Drive	✓ Add
		Fort Myers, FL 33908	Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
	_ /	ge(s) here: (Attach additional sheets, if necessale of Showcase Landscaping, LLC	ury.)
<u>Te</u>	eresa Livezey becomes 90% owne	er of Showcase Landscaping, LLC	
			200 TAU
Dated	September 3 , 2	009	SEP -8 CRETARY LAHASSI
	Signature of a memb	er or authorized representative of a member	Total Control
	Туре	Teresa Livezey d or printed name of signee	AHII: 3
		Page 2 of 2	10 A

Filing Fee: \$25.00