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(Business Entity Name)					
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SECNALARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
MAY 11 2011
EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	(12-de - R 16.11)		
The end	aclosed Articles of Amendment and fee(s) are submitted for filing.		
Please 1	return all correspondence concerning this matter to the following:		
	North Fort Myers Florida  City/State and Zip Code	11 MAY TO PH 1:55 9 SECRETARY OF STATE 3 TALLAHASSEE, FLORIDA	77
	E-mail address: (to be used for future annual report notification)		
For furt	ther information concerning this matter, please call:		
	Thong Lope 3 at (239) 745 200 4  Name of Person Area Code & Daytime Telephone Number		
Enclose	ed is a check for the following amount:		
<b>[]</b> \$25.	(additional copy is enclosed) Certified C	of Status &	osed)

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**

Garden Ke	altu 240	
(Name of the Limited Liability Comps (A Florida Limited	any as it pow appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on <u>feb 19, 20</u>	OIO and assigned
Florida document number <u>LD90000765</u> 3		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Garden Rea	1ty LLC.	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	2745 garde	n St.
	North Fort Myer.	<u>5, FL. 3391</u> 7
Enter new mailing address, if applicable:	Same	11 M SEURA
(Mailing address MAY BE A POST OFFICE BOX)		ASS T
		M. D. I
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		rethe name of the new
Name of New Registered Agent:	lonny Lopez	
New Registered Office Address: 27	45 Garben St. Enter Florida street a	ddress
North 1	City Ryers Florida	32917
, , , , , ,	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u> Fitle</u>	Name	Address	Type of Action
MGR	Thomay Lopez	2745 Garden St North Fort Kyers Florida 33917	[☑ Add Remove
Mgen.	Cesar Lopez	4216 SE 2 nd Ave Cape Coral Florida 33904	Add Remove
· · . · · · · · · · · · · · · · · ·			Add
<del> </del>		ALLA	Add TRemove
		A v pr.c. r	
·			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.	) — —
Dated	May 5 , 20	211 D	
		er or authorized representative of a member  19 1000 2  d of printed name of signee	

Page 2 of 2

Filing Fee: \$25.00