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(Address)

(City/State/Zip/Phone #)

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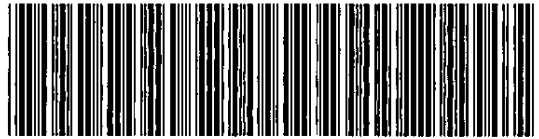
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JUL 7 - 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALM CITY GARDENS CENTER
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:

P LANDOLT
Name of Person

PALM CITY GARDENS CENTER
Firm/Company

1469 SW EAGLE WEST WAY
Address

PALM CITY FL 34990
City/State and Zip Code

✓ LANDOLT@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

P LANDOLT at (772) 631 6604
Name of Person Area Code & Daytime Telephone 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**

PALM CITY GARDEN CENTER 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 3-3-09 and assigned
Florida document number 609000021029

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

Enter new principal offices address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

1462 SW EAGLE NEST WAY
PALM CITY FL 34990

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

1462 SW EAGLE NEST WAY
PALM CITY FL 34990

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:

PETER LANDOLI

New Registered Office Address:

1462 SW EAGLE NEST WAY

Enter Florida street address

PALM CITY

City

Florida 34990

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.

Peter Landoli
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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
REG AGENT	PETER HALES	1472 SW EAGLE NEST WAY PALM CITY FL 34990	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PETER HALES	1472 SW EAGLE NEST WAY PALM CITY FL 34990	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
REG AGENT	PETER IANDOLI	1462 SW EAGLE NEST WAY PALM CITY FL 34990	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PETER IANDOLI	1462 SW EAGLE NEST WAY PALM CITY FL 34990	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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09 JUN 14
PM 3:14
SECRET
TALAMON, JEFFREY

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated June 27TH, 2009.

Signature of a member or authorized representative of a member

Typed or printed name of signee