## 109000033586

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
| •                                       |  |  |  |  |
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Office Use Only



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S. HAWKES

MAR 1 8 2009

EXAMINER

## **COVER LETTER**

|              | egistration Secti<br>vision of Corpo |                                |                     |  |                  |   |
|--------------|--------------------------------------|--------------------------------|---------------------|--|------------------|---|
| SUBJECT:     | WINI                                 | SOR                            | LANDS               | CAPINE   | G 12             | C   |
|              |                                      | (N                             | ame of Limited 1    | Liability Company  | ')               |   |
| The enclose  | ed Articles of An                    | nendment and fe                | ee(s) are submitte  | ed for filing.   |                  |   |
| Please retur | n all correspond                     | ence concerning                | g this matter to th | e following:   |                  |   |
|              |                                      | N                              | ARK F               | (Name of Person)   | NCIS             |   |
|              |                                      |                                |                     |  |                  |   |
|              |                                      | WIND                           | SOR L               | AND SCA<br>(Firm/Company)                                | PING             | · LLC   |
|              |                                      |                                |                     | (Firm/Company)   |                  |   |
|              |                                      | 11721                          | CAMBE.              | N PK [<br>(Address)                                      | )R               |   |
|              |                                      | WINDE                          | RMERE <sub>,</sub>  | FLORIA<br>y/State and Zip Code                           | 0A 34            | .786  |
| For further  | information cond                     | ærning this mat                | ter, please call:   |  |                  |   |
| MAK          | ex P F                               | RANCIS                         | •                   | at (407)   | 967 978          | 25<br>elephone Number)  |
|              | (Name of F                           | 'erson)                        |                     | (Area C  | ode & Daytime To | elephone Number)  |
| Enclosed is  | a check for the i                    | following amou                 | nt:                 |  |                  |   |
| \$25.00 I    | Filing Fee                           | □\$30.00 Filing<br>Certificate |                     | \$55.00 Filing Fee<br>Certified Copy<br>(additional copy |                  | □\$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

| WINDSOR LANDSCA  |   | LLC                         |                           |  |  |
|--|---|-----------------------------|---------------------------|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited L   | ny as it now app<br>iability Compan   | ears on our records.)<br>y) |                           |  |  |
| The Articles of Organization for this Limited Liability Company  | were filed on _   | 3-10-09                     | and assigned              |  |  |
| Florida document number <u>L0900003586</u>   |   |                             | 700                       |  |  |
| This amendment is submitted to amend the following:  |   |                             | WA 16 PH IZ               |  |  |
| A. If amending name, <u>enter the new name of the limited liab</u>   | ility company   | <u>here</u> :               | [-1. I.                   |  |  |
| WINDSOR LANDSCAPING L  |   |                             | 一調言り                      |  |  |
| The new name must be distinguishable and end with the words "Limi" L.L.C."   | ited Liability Cor  | npany," the designation     | "LLC" or the abbreviation |  |  |
| Enter new principal offices address, if applicable:  |   |                             |                           |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  |   |                             |                           |  |  |
| Enter new mailing address, if applicable:<br>( <u>Mailing address MAY BE A POST OFFICE BOX)</u>                        |   |                             |                           |  |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her |   | n our records, <u>ente</u>  | r the name of the new     |  |  |
| Name of New Registered Agent:  |   |                             |                           |  |  |
| New Registered Office Address:   |   | /F. to Florida at and       |                           |  |  |
| (Enter Florida street address)   |   |                             |                           |  |  |
| - Andrews of The Angres  | 17 TO 18 TO | , Florida                   |                           |  |  |
|  | (City)  |                             | (Zip Code)                |  |  |
| New Registered Agent's Signature, if changing Registered Agent:  | <u>.</u>  |                             |                           |  |  |

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

company has been notified in writing of this change.

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 ≈ Ma<br>MGRM = 1 | anager<br>Managing Member               |   |                |
|----------------------|---|---|----------------|
| <u>Title</u>         | <u>Name</u>                             | Address   | Type of Action |
| _                    |   |   | Add Remove     |
|                      |   |   |                |
|                      |   |   | Remove         |
|                      | •                                       |   | Add Remover    |
| -                    |   |   | D'Add F        |
|                      |   |   | Remove         |
|                      |   |   | Add Remove     |
|                      | · · · · · · · · · · · · · · · · · · ·   |   | Add            |
| D. If amen           | ding any other information, enter chang | ge(s) here: (Attach additional sheets, if necessa |                |
|                      |   | (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.           |                |
| _                    |   |   |                |
|                      |   |   | ·              |
| Dated                | MARCH 14 , 20                           | <u> </u>  | <del></del>    |
|                      | MARCH 14, 20 Signature of a member      | er or authorized representative of a member       |                |
|                      | MARK                                    |   |                |
|                      |   | d or printed name of signee                       | <del></del>    |

Page 2 of 2

Filing Fee: \$25.00