## L09000052468

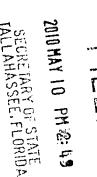
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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C.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

MAY 1 1 2010

EXAMINER

## **COVER LETTER**

•	on Section Corporations				
<b>√&amp;.</b>	Nt - t	-1-01-110			
SUBJECT:		e's Shade, LLC nited Liability Company			
	Name of Lin	miled Liability Company			
The enclosed Article	es of Amendment and fee(s) are su	abmitted for filing.			
Please return all corr	respondence concerning this matte	er to the following:			
Nataly Stuart					
Name of Person					
Nature's Shade, LLC					
Firm/Company					
6120 SR 471					
Address					
Bushnell, FI 33513  City/State and Zip Code					
· · · · · · · · · · · · · · · · · · ·					
	E-mail address:	natalyicc@gmail.com (to be used for future annual report notification)			
For further informat	ion concerning this matter, please	call:			
	Natal Object	400.0500			
Na	Nataly Stuart une of Person	at ( 407 ) 403-0503  Area Code & Daytime Telephone Number			
Enclosed is a check	for the following amount:				
	e \$30.00 Filing Fee &	\$55.00 Filing Fee & \$60.00 Filing Fee,			
▼   \$23.50 t timg 1 c	Certificate of Status	Certified Copy Certificate of Status &			
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)			
	AILING ADDRESS: egistration Section	STREET/COURIER ADDRESS: Registration Section			
Di	vision of Corporations	Division of Corporations			
	O. Box 6327 Illahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
•••		Tallahassee, FL 32301			

## ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION OF**

FILED

		2010 MA	A 10 by ser da	
Nature's S	hade, LLC		STATE "STATE	
(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears Liability Company)	on our records.) - RE TALLAH	IASSEE, FLORIDA	
The Articles of Organization for this Limited Liability Company	were filed on	05/29/2009	and assigned	
Florida document number L09000052468				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	oility company here	:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compan	y," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
	- W			
		· · · · · · · · · · · · · · · · · · ·	<del> </del>	
77	•			
Enter new mailing address, if applicable:	-			
(Mailing address MAY BE A POST OFFICE BOX)			· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered o	ffice address on ou	r records, enter t	he name of the nev	
registered agent and/or the new registered office address he				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City	,	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<b>:</b>			
I hereby accept the appointment as registered agent and ag	ree to act in this cap	pacity. I further agi	ree 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** MGRM Lynn Gainey 1275 Indian Rock Court ☐ Add Deltona, Fl 32725 Remove ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 18th 2010 Dated \_\_\_ Signature of a member or authorized representative of a member Vat aly Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00