# L09000064167

•
(Requestor's Name)
-
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boddinest Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE DIVISION OF CORPORATION

NO # JUL 1 2 2010

EXAMINER

#### COVER LETTER

10: Registration Section Division of Corporations			
SUBJECT: Tampa Garden and Nursery LLC 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:			
Dorceus F. Louis Name of Person			
Tampa Garden and Marsery UC			
18107 Palm Beach Dr. Address			
Tampa fla. 33647  City/State and Zip Code  Tampa Garden and Musery agmail. com  E-thail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Dorceus Louis at (813) Leso-4900  Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}			
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

#### RECEIVED

09 JUL -9 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 18, 2010

DORCEUS F LOUIS 18107 PALM BEACH DR TAMPA, FL 33647

SUBJECT: TAMPA GARDEN & NURSERY, LLC

Ref. Number: L09000064167

We have received your document for TAMPA GARDEN & NURSERY, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 410A00015104

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tumpa Garaen and	Mursery LLC	
(Name of the Limited Liability Compan (A Florida Limited L	ity as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on July / 200	and assigned
Florida document number 01-109-7-120.	J' ,	
L09000064167		
This amendment is submitted to amend the following:	•	
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:	
	ı	
The new name must be distinguishable and end with the words "Limit	ted Liability Company." the designation "I	LC" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)	s-marine and a second s	<u> </u>
		VISE 10
		<u> </u>
Enter new mailing address, if applicable:	NIA	
(Mailing address MAY BE A POST OFFICE BOX)		
TOTAL		<b>1</b> 000
	•	A AA
B. If amending the registered agent and/or registered off	fice address on our records, enter t	the name of the new
registered agent and/or the new registered office address here	<u> </u>	<u></u>
	•	
Name of New Registered Agent:	' <i>H</i>	
New Registered Office Address:		
	Enter Florida street ada	lress
	, Florida	
	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, 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** Fred ☐ Add Remove □ Add ☐ Remove ☐ Add ☐ Remove Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00