109000078416

. (Re	equestor's Name)	
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2010 MAR 23 PH 12: 25
SECRETARY OF STATE TALL AHASSEF, FI ORIDA

FILED



February 11, 2010

RICHARD PROTO 13845 AMELIA POND DR. WINDERMERE, FL 34786

SUBJECT: PRO LANDSCAPING OF FLORIDA LLC

Ref. Number: L09000078416

We have received your document for PRO LANDSCAPING OF FLORIDA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with 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) 245-6094.

Letter Number: 310A00003566

Agnes Lunt Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



March 3, 2010

RICHARD PROTO P.O. BOX 784675 WINTER GARDEN, FL 34778

SUBJECT: PRO LANDSCAPING OF FLORIDA LLC

Ref. Number: L09000078416

We have received your document for PRO LANDSCAPING OF FLORIDA LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with 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) 245-6094.

Letter Number: 910A00005247

Agnes Lunt Regulatory Specialist II

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: PROLANDSCAPING OF FLORIDA 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:			
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:			
Please return all correspondence concerning this matter to the following:			
RICHARD RAROTO Name of Person			
PRO LAND SCAPING OF FLORIDA Firm/Company 13845 AMELIA POND DR			
13845 AMELIA POND DR			
WINDERMERE FL 24788 POBOX 184675 MAILING MODRESS WINTER GARDEN FL 34778 City/State and Zip Code			
PO BOX 184675 MAILING MOUNESS			
WINTER CARDEN FL 34778			
BOTORP BACL. COM E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Richar ProTo at (10) 2348836 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,			
Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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**

OF FLORIDA LLC
y as it now appears on our records.) ability Company)
vere filed on 8/14/09 A assigned
MAR 23 CRE IVARY CAHASSE
The state of the s
ity company here: OF STATE ORIDA
d Liability Company," the designation "LLC" or the abbreviation
RICHARD PROTO
13845 AMELIA POND DR
WINDERMERE FL 3478
PO BOX 784675 WINTER GARDEN
WINTER GARDEN
FL 34778
ce address on our records, enter the name of the new
hARD PROTO
Enter Florida street address
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 of Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Name **Address** Type of Action 🗌 Add \square Add 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