

109000110363

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2016 NOV 18 PM 6:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

K. SALY  
NOV 22 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 8, 2016

THE SHORES LANDSCAPE MAINTENANCE, LLC  
NORMA COX  
114 NW 89TH ST.  
EL PORTAL, FL 33150

SUBJECT: THE SHORES LANDSCAPE MAINTENANCE, LLC  
Ref. Number: L09000110363

2016 NOV 18 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

We have received your document for THE SHORES LANDSCAPE MAINTENANCE, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 016A00024049

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** THE SHORES LANDSCAPE MAINTENANCE 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:

Norma Cox

\_\_\_\_\_  
Name of Person

THE SHORES LANDSCAPE MAINTENANCE LLC

\_\_\_\_\_  
Firm/Company

114 NW 89TH., STREET

\_\_\_\_\_  
Address

EL PORTAL, FL. 33150

\_\_\_\_\_  
City/State and Zip Code

shoreslandscape@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Norma Cox

208 610-8070

at ( )

\_\_\_\_\_  
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**

THE SHORES LANDSCAPE MAINTENANCE LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2016 NOV 18 PM 6:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 17, 2009 and assigned Florida document number L09000110363.

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

**Enter new principal offices address, if applicable:**

114 NW 89TH. STREET EL PORTAL FL. 33150

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

114 NW 89TH. STREET EL PORTAL FL. 33150

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:** NORMA E COX

**New Registered Office Address:** 114 NW 89TH. STREET

*Enter Florida street address*

EL PORTAL, FL. , **Florida** 33150

*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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TALLON, MICHEL R	973 NE 95TH. STREET MIAMI SI	<input type="checkbox"/> Add
		FROM ARTICLES	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	TALLON, DONNA A	973 NE 95TH. STREET MIAMI SI	<input type="checkbox"/> Add
		FROM THE ARTICLES	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	COX, DAREL	114 NW 89TH. STREET EL PORT	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

AMENDING THE NAME IN THE ARTICLES, TO THE NEW OWNER

DAREL COX

2016 NOV 18 PM 6:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

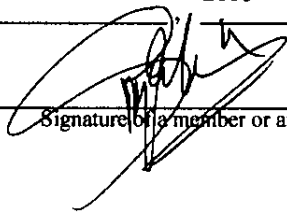
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated NOVEMBER 03, 2016



Signature of a member or authorized representative of a member

NORMA COX

Typed or printed name of signee