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	(Requestor's Name)
	(Address)
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PICK-UF	P WAIT MAIL
	(Business Entity Name)
···-	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

OCT 21 2011

EXAMINER

Office Use Only



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SECRETARY OF STATE
MELAHASSEE E TORE

COVER LETTER

SUBJECT:	Sun State l	Landscaping, LLC			
	Name of Limit	ed Liability Company		•	
The enclosed Articles of Art	nendment and fee(s) are sub	mitted for filing.			
Please return all correspond	ence concerning this matter	to the following:			
		Melissa Deem			
		Name of Person			
	Sun	State Landscaping, LL	С		
		Firm/Company		-	
10415 US Highway 41 N			7. 2		
		Address			
	,	Palmetto, FL 34221		EAST L	7
		City/State and Zip Code		ARY C	FILE
	melis	sa@gradeservices.com	m	FLS	<u>M</u>
• •	E-mail address: (to	o be used for future annual report	t notification)	REAL TO SERVICE STATE OF THE S	
For further information con-	cerning this matter, please ca	all:		F 17	
Melis	ssa Deem	at (_941_)	721-4712		
Name of Pe	erson	Area Code & D	aytime Telephone Numb	er	
Enclosed is a check for the t	following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	Certific closed) Certifie	filing Fee, cate of Status & ed Copy onal copy is enclo	osed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

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Enter	r Florida stree	t addres	S.S	
la	dress on ou	dress on our records, <u>en</u>	TALLAHASSEE. FLORIDE dress on our records, enter the	SEE FE

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

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alvarez, Roger Jr	2311 Dovewood Estates Ct Valrico, FL 33594	Add ✓ Remove
<u>MGRM</u>	Alvarez, Carlos M.	835 Wildwood Drive Bartow, FL 33830	✓ Add ☐ Remove
MGR_	Alvarez, Carlos	835 Wildwood Drive Bartow, FL 33830	Add ☐ Remove
			Add Remove
			AddRemove
·			Add Remove
D. If amend	ding any other information, enter c	change(s) here: (Attach additional sheets, if necessor	ary.)
			ZIII OCT 28 AF
Dated	October 17 ,	<i>∞11</i> .	AM IN 112 OF STATE EFFLORIDA
	meliss	ember or authorized representative of a member	
	meliss		

Page 2 of 2

Filing Fee: \$25.00