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(Rec	questor's Name)	
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PICK-UP		
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

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SECRETARY OF STATE TALLAHASSEE, FLORIDA 18 FEB 1 2 PH 7: 16

Office Use Only

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· · ·	· · ·	COVER LET	, TER
TO: Registration Sec			
Division of Corp			
	series and Garden Center, LL		
SUBJECT:	Name of Lim	ited Liability Company	ý
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jacob W Burnham		
		Name of Persor	n
	Lafleur Nurseries and Gare	den Center, LLC	
	<u></u>	Firm/Company	,
	6275 W SR 46		
	<u></u>	Address	<u></u>
	Sanford, FL 32771		
		City/State and Zip (Code
	lafleurnurseries@gmail.com E-mail address: (inual report notification)
For further information co	oncerning this matter, please c	ali:	
Jacob W Burnham		415	596-2382
Name of	Person	at (Area Code) Daytime Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Certified Cop (additional copy)	y Certificate of Status
Registra Division P.O. Bo		Reg Divi Clift	EET/COURIER ADDRESS: istration Section iston of Corporations ton Building
	ssee, FL 32314	266	Executive Center Circle anassee, FL 32301

ARTICLES OF AN	AENDMENT	
TO		
ARTICLES OF OR	GANIZATION	
OF		
Ŭ-		
Lafleur Nurseries and Garden Center, LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabi	it now appears on our records.)	
(A Flonda Limited Liab		
The Articles of Organization for this Limited Liability Company we	re filed on 03/09/2010 a	nd assigned
Florida document number		
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 C	Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		
		REI AH
		~ 8. ₹ Γ
Enter new mailing address, if applicable:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		1 5
		16
-		

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:

Jacob W Burnham	
6275 W SR 46	
F	Enter Florida street address
SANFORD	, Florida
City	Zip Code
	6275 W SR 46 F SANFORD

New R

I hereby accept the appointment as registered agent and agree to adt 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:

:

<u>Title</u>	Name	Address	Type of Actio
MGR	Lance Lafleur		TTP: OF ACAR
		6275 W SR 46, Sanford, FL 32771	🖸 Add
			Remove
			Change
MGR	Mihaela Lafleur	6275 W SR 46. Sanford, FL 32771	🖸 Add
			🖬 Remove
			Change
MGR	Jacob W Burnham	6275 W SR 46, Sanford, FL 32771	🖬 Add
			Remove
			Change
MGR Mo	Molly Burnham	6275 W SR 46 Sanford, FL 32771	🖬 Add
			Change
			Q Add
			Remove
			Change
<u> </u>			🗅 Add
			Change

D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
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	Ownership of the Lafleur Nurs	series and Garden Center, LL	C will be amended as foll	ows:		
	. <u> </u>					
	Jacob W Burnham 95%					
	Molly Burnham 5%					۲s
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		<u> </u>	· · · · · · · · · · · · · · · · · · ·			
E. Effe	ctive date, if other than the c	late of filing:	}	(optional)		
Note	effective date is listed, the date must : If the date inserted in this blo- ment's effective date on the De	ck does not meet the applicab	date of filing or more than 9 de statutory filing require	0 days after filing.) Pursuant ments, this date will not b	to 605.020 e listed as	17 (3)(b) s the
	ecord specifies a delayed e 90th day after the reco		an effective time, at	12:01 a.m. on the (earlier o	of:
Date	february 1	2018				
	had	r h. Eurlm				
			zed representative of a mem	ber	_	
	JACOB	Signature of a member or authori W. BURMAM Typed of printed	name of signee	-		
		Page 3 Filing Fee	1			
		Filing Fee	:: \$23.00			