## LIDOGOG LAFES

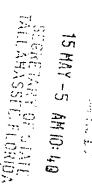
(R	equestor's Name)	
(A	ddress)	<del></del>
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## **COVER LETTER**

Division of Co			
Davie Nur SUBJECT:	series, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
Please return all correspondence	ondence concerning this matter	to the following:	
	Kevin Mercer		
		Name of Person	
	Kevin D. Mercer, P.A.		
		Firm/Company	Manager 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	10800 Biscayne Blvd, Suit	e 700	
		Address	<del></del>
	Miami, FL 33161		
		City/State and Zip Code	<del></del>
• .	law@themercerfirm.com		
· ·	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Kevin Mercer		305 454-0274	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

Davie Nurseries, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liab Florida document number L10000069865	oility Company were filed on June 29, 2010	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	nter the name of the new
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BC	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter ee address here:	the name of the new
Name of New Registered Agent:		Pag -
		22 <b>3</b>
New Registered Office Address:	Enter Florida street address	102 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	City	Zip Code:
New Registered Agent's Signature, if changing Reg	ristered Agent:	
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further ag and complete performance of my duties, and I am ered agent as provided for in Chapter 605, F.S. Or gistered office address, I hereby confirm that the li ange.	familiar with and , if this document is

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>	Address	Type of Action
MGRM	Oren Kattan	18720 N. Bay Rd	
		N Miami Beach, FL 33161	■ Remove
			☐ Change
AMBR	Jack Osman	27805 SW 197 Avenue	<b> </b> Add
		Homestead, FL 33031	□ Remove
		Change	
			□ Add
			□ Remove
			□ Add
			Remove  Since Change  Additional Change
			□ ARR (1)
			□ Change
			Add
			Remove
			□ Change

•	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u>·</u>	
<del></del>	
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•	
Note: If	e date, if other than the date of filing:  ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated	APRIL 28 , 2015
	Mar -
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00