Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DAVID C. HASTINGS, CPA, PA

Account Number : I2000000168 : (727)322-0909 Phone

Fax Number : (727)322-0520

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRISAS DEL SUR GARDEN SUPPLY, LLC

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No. 0516 P. 2 FILED SECRETARY OF STATE DIVISION OF CORFORATIONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11 MAR 10 AM 8: 35

BHISAS DE	L SUH GAHDEN SUP	PLY, LLC	
(<u>Name of the Limited</u>) (A	Liability Company as it now apper Florida Limited Liability Company)	ars on our fecords,)	
The Articles of Organization for this Limited Liz Florida document numberL10000073	ability Company were filed on		ieđ
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company be	<u>:re</u> ;	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	eany," the designation "LLC" or the abb	reviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	TADDRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE L	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered of		our records, enter the name of 1	the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street address	
		, Florida	
	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

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MGRM = Managing Member

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

Title <u>Name</u> Address Type of Action **MGRM LETICIA ARMAS** 4501 107TH CIRCLE N Add Remove CLEARWATER, FL 33762 MGRM JOSE ARMAS 4501 107TH CIRCLE N CLEARWATER FL 33762 Remove □ Add Remove ■Add Remove ∐Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH 10 Dated Signature of a member or authorized representative of a member JOSE ARMAS Typed or printed name of signee

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Filing Fee: \$25.00

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