

L11000021268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

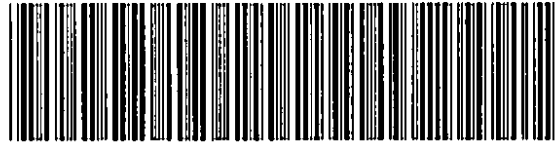
(Business Entity Name)

(Document Number)

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S.C.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREENSCAPE OUTDOOR SOLUTIONS, 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:

RONALD FREDRICK BIERMAN, III

Name of Person

GREENSCAPE OUTDOOR SOLUTIONS, LLC

Firm/Company

396 Trafalga Avenue

Address

Port Orange, Florida 32127

City/State and Zip Code

rbierman18@gmail.com

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

For further information concerning this matter, please call:

RONALD FREDRICK BIERMAN, III

386 290-6345
at ()
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GREENSCAPE OUTDOOR SOLUTIONS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 08/18/2011 and assigned
Florida document number L11000021268.

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:

(Principal office address MUST BE A STREET ADDRESS)

396 Trafalga Avenue

Port Orange, Florida 32127

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

396 Trafalga Avenue

Port Orange, Florida 32127

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:

RONALD FREDRICK BIERMAN, III

New Registered Office Address:

396 Trafalga Avenue

Enter Florida street address

Port Orange


City

, Florida 32127

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

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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	Ronald Fredrick Bierman, III	396 Trafalga Avenue	<input checked="" type="checkbox"/> Add
		Port Orange, FL 32127	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shane B. Lyle	120 Venetian Way	<input type="checkbox"/> Add
		Port Orange, FL 32127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK D

[illegible]

(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)

④

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Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00