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TALLARIASSEE EN OBIE

B. BOSTICK
JUN 1 4 2011
EXAMINER

COVER LETTER

TO:

Registration Section.

Division of Co	rporations		
SUBJECT:	Doc's Yard	Maintenance LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		David W. Campbell	
		Name of Person	
	Doc's	s Yard Maintenance, LLC	
		Firm/Company	
	16	6242 E Wiltshire Drive	
	 	Address	
	1	oxahatchee, FL 33470	TIJUN 13 AM 11:29 SEGREL STATE LLAHASSEEL FLORID
		City/State and Zip Code	
	cor	np8589@bellsouth.net	E. FLORIDA
	E-mail address: (1	to be used for future annual report notification	29 10A
For further information	concerning this matter, please c	all:	
Cynthi	a H. Conard CPA	at (561) 746	5-4101
Name	of Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee &	✓ \$55.00 Filing Fee &	\$60.00 Filing Fee,
323.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	JNG ADDRESS:	STREET/COURIER A	ADDRFSS.
Registration Section Registration Section			
P.O. B	Division of Corporations P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Doc's Yard Mair (<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ntenance, LLC ny as it now appears on our records. liability Company))		
The Articles of Organization for this Limited Liability Company Florida document numberL11000028360	were filed onMarch 8, 201	1 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:			
The new name must be distinguishable and end with the words "Limi 'L.L.C."	ted Liability Company," the designation	on "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	16242 E Wiltshire Drive			
Principal office address MUST BE A STREET ADDRESS)	Loxahatchee, FL 33470	E 6		
		59 5		
		15 5		
Enter new mailing address, if applicable:		တို့ မြေ		
(Mailing address MAY BE A POST OFFICE BOX)		2 3 11		
		DIATE LORIDA		
		29 10/		
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here				
	-			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter 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

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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	David W Campbell	16242 E Wiltshire Drive Loxahatchee, FL 33470	Add ☑ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
		ORIDA	D 11:29
Dated	June 7, 201	<u>1</u> .	
	Signature of a member of	or authorized representative of a member	
	De Typed o	esse Campbell or printed name of signee	
	i yped o	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00