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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DAVID C. HASTINGS, CPA, PA

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

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.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALM HARBOR PALMS LANDSCAPING, LLC

Certificate of Status	1
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G. MCLEOD

AUG 15 2011

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No. 2040 .P. 2

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PALM HARBOR PALMS LAN	DSCA	PING, LLC			
(Na	me of the Limited Liability Company as it n (A Florida Limited Liability C	ow appe ompany	ears on our records.)			
The Articles of Organization f	for this Limited Liability Company were file	ed on _	MARCH 10, 2011	and a	ssigne	i
Florida document number	L11000029914					
This amendment is submitted	to amend the following:					
A. If amending name, enter	the new pame of the limited liability com	ipany h	ere:			
The new name must be distingu "L.L.C."	ishable and end with the words "Limited Liabi	lity Com	pany," the designation "LL	C" or the	abbre	viatio
Enter new principal offices :	address, if applicable:					
(Principal office address MU	ST BE A STREET ADDRESS)			25 (27 (27)	دلیب. ان <u>ه</u> اب	
				ار و	ALLIG	
	<del>~</del> .			- · ·		r-mar
Enter new mailing address,	if annlicable:			· · · · ·	2	1
(Mailing address MAY BE A	<u> </u>	~~			<u> </u>	į
Institute wear cas man a man	TOBY OF TRUE BON			<u> </u>	ယ္	
				NACTOR AND ADDRESS OF THE PARTY	డు	
R. If amending the regist.	ered agent and/or registered office add	lress or	our records, enter th	aten	_	e net
	new registered office address here:					
Name of New Regis	tered Agent:					
New Registered Off	ice Address:	<del>_</del>				
		Enter Florida street address				
	· · · · · · · · · · · · · · · · · · ·		, Florida			
	City			ZIp Co	de	

Now 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 Rogistered Agent, Signature of New Registered Agent

Page 1 of 2

H110002025173

Aug. 12. 2011 11:51AM

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No. 2040 P. 3

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>	Name	Address	Type of Action			
MGR	TANIA PRINGLE	1224 ROYAL PALMS DR GULFPORT, FL 33707	Add Remove			
MGR_	TANIA TERSIGNI	1224 ROYAL PALMS DR GULFPORT, FL 33707	Add Remove 			
MGR_	MARY PRINGLE	1224 ROYAL PALMS DR GULFPORT, FL 33707	_   Add _   Rcmove -			
<u></u>			Add Remove 			
			Add Remove _			
D. If amendin	ag any other information, enter change(	8) here: (Attach additional sheets, if necessary.)	Add Remove			
			-			
Dated						
TANIA TERSIGNI Typed or printed name of signee						

Page 2 of 2

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