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(((H11000274548 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: DAVID C. HASTINGS, CPA, PA

Account Number : I20000000168

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

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J. SAULSBERRY

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14110002745483

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALM HARBOR PALMS	SLANDSCAL	PING, LLC		
(Name of the Limited Liability Compa (A Plorida Limited I	ny as it now appea Liability Company)	rs on our records.		
he Articles of Organization for this Limited Liability Company were filed on03/10/2011			and assigned	
Florida document number L11000029914				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> ;		
The new name must be distinguishable and end with the words "Limi" L.L.C."	ited Liability Comp	any," the designation "L	LC" or the abbre	viation
Enter new principal offices address, if applicable:	3660 22ND	AVE S	ZOIII SECI	. *
(Principal office address MUST BE A STREET ADDRESS)	ST PETERS	BURG, FL 33711	HASS TO I	
•				
Enter new mailing address, if applicable;	SAME	·		Par 1 3
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
B. If amending the registered agent and/or registered of	Ffice address on	our records outout	he name of th	
registered agent and/or the new registered office address her		our records, enter t	ite hatte or to	e new
Name of New Registered Agent:				
New Registered Office Address:	p.	nter Florida street add	luana.	
·	15.1		J E 43	
	City	, Florida	Zip Code	
No. Desired America Const. 18 Standard Desired Atlanta			•	

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

Page 1 of 2

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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> Citle</u>	<u>Name</u>	Address	Type of Action
MGR_	MARY PRINGLE	1224 ROYAL PALMS DR GULFPORT, FJ 33707	Add Remove
			Add Remove
			Add Remove
	VI		Add Remove
			Add Remove
	•		Add Remove
D. If amend	ling any other information, ente	er change(s) here: (Attach additional sheets, if necessar	ZOII NOV 18 AM SECRETARY GF:S TALL AHASSEE, F
Dated	Nov 18	Jas Juggue a member or authorized representative of a member	1 8: 20 STATE LORIDA
	organiute of	NICHOLAS TERSIGNI Typed or printed name of signee	

Page 2 of 2

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