

L11000037822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

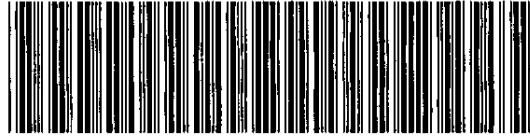
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700274978517

07/15/15--01036--005 **30.00

CLERK OF STATE
ALLAHASSEE, FLORIDA
2015 JUL 15 P 2:30

FILED

JUL 16 2015

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROYAL LANDSCAPE 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:

NATHAN MAZANOWSKI

Name of Person

ROYAL LANDSCAPE LLC

Firm/Company

301 W PLATT STREET #357

Address

TAMPA, FL 33606

City/State and Zip Code

ZIGICAFF@GMAIL.COM

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

For further information concerning this matter, please call:

NATHAN MAZANOWSKI

813 449-3146
at ()

Name of Person

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

10
**ARTICLES OF ORGANIZATION
OF**

ROYAL LANDSCAPE 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 03/29/2011 and assigned Florida document number L11000037822

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AMAZING ODS LLC

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:

301 W PLATT ST #357

(Principal office address MUST BE A STREET ADDRESS)

TAMPA, FL 33606

Enter new mailing address, if applicable:

301 W PLATT ST #357

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33606

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:

Nathan Mazanowski

New Registered Office Address:

301 W. Platt St. #357

Enter Florida street address

TAMPA

City

Florida

33606

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

SECRETARY OF STATE
FLORIDA
JUL 15 PM 2:30
FILED

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MICHAEL MAZANOWSKI	301 W PLATT ST #357	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ZYGMUNT MAZANOWSKI	301 W PLATT ST #357	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33606	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NATHAN MAZANOWSKI	301 W PLATT ST #357	<input type="checkbox"/> Add
		TAMPA, FL 33606	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	KATRIN MAZANOWSKI	301 W PLATT ST #357	<input type="checkbox"/> Add
		TAMPA, FL 33606	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015 JUL 15 2:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Lined area for document content.

E. Effective date, if other than the date of filing: 07/02/2015 (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JULY 2ND, 2015



Signature of a member or authorized representative of a member

NATHAN MAZANOWSKI

Typed or printed name of signee

FILED
2015 JUL 15 P 2:30
SECRETARY OF STATE
ALVIN HASSELT
FLORIDA