## L11000071597

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
	AIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status _			
Special Instructions to Filing Officer: <b>A. LUNT</b>			
AUG 17 2011			
EXAMINER			

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08/15/11--01016--018 \*\*25.00

FILED 2011 AUG 1-5 AM D: 52 SEGRETARY OF STATE FALLAHASSEE, FLORID,

## **COVER LETTER**

TO:	Registration Section		
	Division of Corporations		
SUBJE		Gardens nited Liability Company	LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WN 2011 AUG 15 ecolor NО AH 10: 52 m )/)] /eace @ Mail.com E-mail address: (to be used for during annual report notification)

For further information concerning this matter, please call:

at (<u>859) 4/19 - 7844</u> Area Code & Daytime Telephone Number Name of Person

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

· ARTIC	CLES OF AME	NDMENT				
	ТО					
ARTICLES OF ORGANIZATION						
~	OF					
	Gardens					
(Name of the Limited Lia (A Fla	ability Company as it orida Limited Liability	now appears on our records.	.)			
	Sinda Dininea Diabinity					
The Articles of Organization for this Limited Liabi	lity Company were fi	led on 6/20/1	and assig	gned		
Florida document number L 110000 715	17	/ /				
This amendment is submitted to amend the followi	ng:	•				
A. If amending name, enter the new name of th	e limited liability co	mnany here:				
STATION CONTRACT		201	1.10.			
The new name must be distinguishable and end with th			hand Sc	apesllc		
"L.L.C."	ie words "Limited Liag	uny Company, the designation	on LLC or the at	Dereviation		
Enter new principal offices address, if applicabl	e:					
(Principal office address MUST BE A STREET A	(DDRESS)		<b>T</b>	•		
			FE			
			A A	and the second s		
			AS AS	<u>د</u> ه ۲۰۰۰		
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	· · · · · · · · · · · · · · · · · · ·				
			<u>63</u> 8	<u> </u>		
			ST ST	"Terre"		
B. If amending the registered agent and/or	registered office ad	dress on our records, <u>ent</u>	ter the name of	the new		
registered agent and/or the new registered office	e aduress nere:	$\sim$				
	Timmeri	buglas 1)ea	~			
Name of New Registered Agent:	1011.2) %	<u></u>				
New Registered Office Address:	174 Wate	Duglas Dea ercodor Way #	#310			
	· · · · · · · · · · · · · · · · · · ·	Enter Florida street	address			
	$\sim$					

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.

Janta Kosa Brach

City

If Changing Registered Agent, Signature of New Registered Agent

Florida 32459

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

.

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\_\_\_\_.

## MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	<b>Type of Action</b>
			Add Remove
			Add
		••	Add Remove
			Add Remove
	, <u>, , , , , , , , , , , , , , , , </u>		
D. If amen	ding any other information, ent	er change(s) here: (Attach additional sheets, if necessary	
		· · · · · · · · · · · · · · · · · · ·	
 Dated	August 2	, 2011	
	<u>Jaryles</u> De Signature of	a member or authorized representative of a member	
	<u> </u>	Typed or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00