# 11000095000

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**EXAMINER** 



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DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SUNY days Lands Caping 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:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kenneth P. Peters Name of Person
Sunydays Landscaping LLC Firm/Company
P.O Box 3967 4008 Rembroke Road apt
Hollywood, Florida 33023.  City/State and Zip Code  Kerrell z 66@yahoc. com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Kenneth P. Refero at 954 404 - 0020  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

	1920 SCADING ITC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears of our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1100</u> 0095000	were filed on 8/17/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	4008 Pembroke Roadgot # 2
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	P.O Bux 3967 Kenneth Reters Hollywood Florida 33083-3967
B. 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:	HP. Reles Hox 3967 4008 Rembroke Rocal apt 4/2
Lloll	City Florida 36 25.  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

Page 1 of 2

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>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	OLIVER J. LAMEDA	12261 S.W. 41ST STREET MIAMI, FL 33175	
MGRM	KENNETH P. PETERS	4008 PEMBROKE ROAD, APT. #2 HOLLYWOOD, FL 33021	Add Remove
<u> </u>			Add Remove
			Add Remove
·			Add Remove
			Add Remove
D. If amend	ing any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	_
			_
	28/11/November	1/28/4	_
	Kenneth P. Peter	nber or authorized representative of a member  ped or printed name of signee	<del></del>

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Filing Fee: \$25.00