L100	0095213	
(Requestor's Name) (Address)		
(Address)	700261288387	
(City/State/Zip/Phone #)	700261288387 08/15/1401012015 **60.00	
(Business Entity Name)		
(Document Number) Certified Copies Certificates of Status		
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LAW OFFICES OF MOFFA, GAINOR, & SUTTON, P.A.

SHAREHOLDERS JOSEPH C. MOFFA, CPA, ESQUIRE THOMAS R. GAINOR, CPA, ESQUIRE JAMES H. SUTTON, JR., CPA, ESQUIRE ONE FINANCIAL PLAZA, SUITE 2202 100 S E. THIRD AVENUE FT. LAUDERDALE, FL 33394 OFFICE 954-761-3700 – FAX 954-761-1004 WWW.FLORIDASALESTAX COM

OFFICES Ft Lauderdale, FL St. Tampa, FL

August 12, 2014

Florida Department of State Division of Corporations PO Box 6327 Tallahassee FL 32314

Re: Amendments for Gardens Shell LLC & Gardens Shell Real Estate LLC

To Whom It May Concern:

I am writing on the above-referenced companies. Please find enclosed two amendments, one for each entity. Please also find enclosed a check for \$60.00, which is the \$30.00 fee for each entity. My daytime telephone is 954-642-9390 and my return address is Moffa, Gainor, & Sutton, P.A., Attn: Gerald J Donnini II, Esq, 100 SE Third Ave., Suite 2202, Fort Lauderdale Florida 33394. If you have any additional questions the please do not hesitate to contact me or email me at JerryDonnini@floridasalestax.com

Sincerely,

Gerald J Donnini II, Esquire

TO: Registration Section Division of Corporations

SUBJECT: Gardens Shell 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:

 Gerald J Donnini II

 Name of Person

 Moffa, Gainor, & Sutton P.A.

 Firm/Company

 100 SE Third Ave., Suite 2202

 Address

 100 SE Third Ave., Suite 2202

 Cadress

 100 SE Third Ave., Suite 2202

 State and Zip Code

 DerryDonnini@FloridaSalesTax.com

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

 For further information concerning this matter, please call:

 Mane of Person

 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gardens Shell 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 08/18/2011 and assigned Florida document number L11000095213

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
	City	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

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Page 1 of 3

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

MGR = . Manager AMBR = Authorized Member

<u>Title</u>	Name	Address Type of Action
MGRM	Gerald J Donnini	658 W Indiantown Road
		#208
		Jupiter FL 33458
MGRM	James T Donnini	658 W Indiantown Road
		#208
		Jupiter FL 33458
MGR	Gerald J Donnini	658 W Indiantown Road
		#208
		Jupiter FL 33458
		SSRY 5
	·	🛱 Add
		CRemove
		🖸 Add
		Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, i	f necessary.)
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(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 the date this document is filed by the Florida Department of State)	(optional) days after
Dated August 12 , 2014	
Hell Signature of a member or authorized representative of a member	
Gerald J Donnini	

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Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00

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