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T. CLINE
MAR 13 2012
EXAMINER

## **COVER LETTER**

SUBJECT: Blade Runner landscaping, 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:			
Phillip Rodriguez Name & Person			
Blade runner landscaping plc			
15522 SW 8th lane			
Migmi, FL 33194  City/State and Zip Code  Phillip odvig val a mail. Com  E-mail address: (to be used for future annual report not Decation)  For further information concerning this matter, please call:			
For further information concerning this matter, please call:			
Phillip Rodriguez at 305 215-9631 The Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{S60.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}			

**MAILING ADDRESS:** 

Registration Section
Division of Corporations

TO:

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

Blade Kunna	er Land Scapin	19, LLC
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our record a Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L 11000 l03 2</u>	Company were filed on Septem ber 28. 9/8	970 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w"L.L.C."	words "Limited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•		2012 FAU
B. If amending the registered agent and/or reg	istered office address on our records, <u>e</u>	nter the name of the new
registered agent and/or the new registered office ad	<u>ldress here</u> :	28.85 Z
	•	
Name of New Registered Agent:		5S - (1)
New Registered Office Address:		
anen laten da da la marant,	Enter Florida stre	et address
	. Flori	ds
	. Citv	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 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 **Type of Action** Title Address Name MGRM Marvin Cano □ Add Remove ☐ Add ☐ Remove Add 🔲 ☐ Remove Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Marvin 10 Signature of a member or authorized

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00