## L110000107445

(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:						
L. SELLERS						
• • •						
EXAMINER						

Office Use Only



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## **COVER LETTER**

Division of Co						
SUBJECT:	Garder	Services LLC				
	Name of Limit	ed Liability Company	-			
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
		Mary Durkin				
		Name of Person				
		Garder Services				
		Firm/Company	-			
		420 Baytree Lane				
		Address				
	L	Longwood, FI 32779				
		City/State and Zip Code				
	E-mail address: (to	be used for future annual report notifier	ntion)			
For further information	concerning this matter, please ca	ail:				
Mary Durkin		all ' '	89-2486			
Name	of Person	Area Code & Daytime	Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

	er Service				<del></del>	
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company a imited Liabi	<u>s it now appear</u> lity Company)	s on our records.)			
· ·						
The Articles of Organization for this Limited Liability Co.	ompany we	e filed on	09/20/2011	an	nd assig	ned,
Florida document number L11000107445						
The second of the second secon						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limite	ted liability	company her	<u>e</u> :			
The new name must be distinguishable and end with the words "L.L.C."	ds "Limited	Liability Compa	ny," the designation	"LLC" or	r the abl	breviation
Enter new principal offices address, if applicable:	_					
(Principal office address MUST BE A STREET ADDRE	ESS)	•				
		· · · · · · · · · · · · · · · · · · ·				
	_					
e de la						
Enter new mailing address, if applicable:	_					
(Mailing address MAY BE A POST OFFICE BOX)	_					
	_					
B. If amending the registered agent and/or register		address on o	ur records, <u>enter</u>	the nar	ne of	the new
registered agent and/or the new registered office addre	ess nere:					
Name of New Registered Agent:				······		<del>,</del>
New Registered Office Address:				3		
		Ente	er Florida street aa	Idress	=======================================	
			Planta	3 30 3 30	NO.	("Emma
<u> </u>	C	יחי	, Florida _	SaZin	_ <del></del>	futurates
New Registered Agent's Signature, if changing Registered A		·			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	7
New Registered Agent's Signature, it changing Registered A	Agent:			771		$\mathbf{T}$
hereby accept the appointment as registered agent an	nd aaraa t	act in this ca	nacity I further of	one control of	ري و	•
the provisions of all statutes relative to the proper and	l complete	performance o	pachy. 1 juriner ag of my duties, and I	am-fam	iliär w	ith and
accept the obligations of my position as registered age	ent as prov	ided for in Ch	apter 608, F.S. Or	, if this c	docum	
being filed to merely reflect a change in the registered	l office ada	ress, I hereby	confirm that the li	imited lie	ability	
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 Address** <u>Title</u> <u>Name</u> MGRM Tim Durkin 420 Bay Tree Lane Remove Longwood, FL32779 ☐ Add Remove ☐ Add Remove ☐ Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00