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11 OCT II PN 2:50

SECRETARY OF STATE
FAIL ANASSEE, FLORDA

COVER LETTER

Division of Corporations
SUBJECT: Gabriel's Pool & 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:
Danielle Person Galoriel's Poal & Landreaping, LLC. Firm/Company 1495627 HPL Address Baynton Beach FL 33435 City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Suit Person at 954-708-6829 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ S55.00 Filing Fee \$ S60.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) (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

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FILED

ARTICLES OF ORGANIZATION

Gabriels Pool & Landra p ALAHASSEE JEL ORIDA

(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 10/04/2011 and assigned Florida document number 11000113173

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the lin	nited liability company here:
Gabriel's Landse	aping, LLC
The new name must be distinguishable and end with the wo	ords "Limited Lability Company," the designation "LLC" or the abbreviation
"L.L.C."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis	stered office address on our records, enter the name of the new
registered agent and/or the new registered office add	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	, Florida
	City Zin 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

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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
	· 		Add Remove	
			Add Remove	
			Add Remove	
			AddRemove	
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessor	ary.)	
			FILED 1 OCT 11 PM 1 OCT 11 PM 1 OCT 11 PM	
 Dated		·	2: 50	
	Danielle De	r or authorized representative of a member		

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Filing Fee: \$25.00