112000004697

(I	Requestor's Name)
(/	Address)
(/	Address)
(0	City/State/Zip/Phone #)
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2011 FEB 23 PM 2: 04
SECRETARY OF STATE
ORIDA

K. SALY FEB 24 2017

COVER LETTER

TO:		tion Section of Corporations	
CUDIE	Shad	dy Lady Horticultural Services LLC	
SUBJEC		Name of Limited Liability Company	
The encl	osed Artic	cles of Amendment and fee(s) are submitted for filing.	
Please re	turn all co	orrespondence concerning this matter to the following:	
		Ami Shaw	
		Name of Person	
		American Accounting	
		Firm/Company	
		357 6th Ave W	
		Address	
		Bradenton FL 34205	
		City/State and Zip Code	
		doggyropa@gmail.com E-mail address: (to be used for future annual report notification)	
For furthe	er informa	ation concerning this matter, please call:	
Joan Bov	vling	941 773-6508 at ()	
	N	Name of Person Area Code Daytime Telephone Number	
nclosed	is a check	k for the following amount:	
\$25.0	00 Filing F	Fee \$\Bigcup \\$30.00 \text{ Filing Fee & } \Bigcup \\$55.00 \text{ Filing Fee & } \Bigcup \\$60.00 \text{ Filing I } \\ \text{Certificate of Status} \\ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \\ \text{Certified Copy} \\ \text{(additional copy}	Status &

MAILING ADDRESS:

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

2017 FEB 23 PM 2: 04

SECRETARY OF STATE
ALLAHASSFE, FI ORIDA

Shady Lady Horticultural Services LLC

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company)

			· ORIDA
The Articles of Organization for this Limited	Liability Company	were filed on 01/10/2012	and assigned
Florida document number L12000004697			
This amandment is submitted to amond the fo	Harring		
This amendment is submitted to amend the fo	nowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
Shady Lady Horticultural LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	EET ADDRESS)		
Enter new mailing address, if applicable:		PO BOX 597	
(Mailing address MAY BE A POST OFFICE BOX)		Anna Maria FL 34216	
B. If amending the registered agent an			nter the name of the r
registered agent and/or the new registered	office address her	e:	
	N/A		
Name of New Registered Agent:	IVA		
New Registered Office Address:			
		Enter Florida street address	
		, Florid	
		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

or removed	from our records:			ne title, name, and address of each	
MGR = Manager AMBR = Authorized Member				2017 550	
Title	Name		Address	2017 FEB 23 PM 2: 04 SECRETARY OF STATE TALL AHASSEE, FLORIDA	Type of Action
	N/A			THASSEE, FLORIDA	□ Add
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	LAHASSEL OF STATE
	FLORIDA
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native data if other than the data of Elican	(and an all
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to c	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.02
e: If the date inserted in this block does not meet the applicable	
ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not a	in effective time, at 12:01 a.m. on the earlier
he 90th day after the record is filed.	
ed FEBEVARY 21, 2017	•
ed FEBEVARY 21 , 2017	
Signature of member or authorize	•

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00