

# L12000026837

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

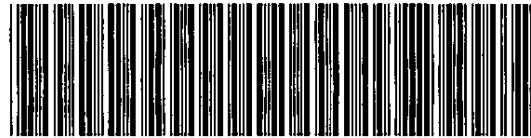
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 OCT -5 P 3:35

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D. BRUCE  
OCT 06 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SOLSCAPES PLUS, 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:

SEAN MOSKOWITZ

\_\_\_\_\_  
Name of Person

SOLSCAPES PLUS

\_\_\_\_\_  
Firm/Company

POST OFFICE BOX 3271

\_\_\_\_\_  
Address

WINDERMERE, FL 34786

\_\_\_\_\_  
City/State and Zip Code

info@solscapesplus.com

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

For further information concerning this matter, please call:

Sean Moskowitz

\_\_\_\_\_  
Name of Person

407  
at ( )  
Area Code

2057650

\_\_\_\_\_  
Daytime Telephone Number

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TALLAHASSEE, FL  
OCT 5 2016

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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**

SOLSCAPES PLUS, 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 2/24/2012 and assigned  
Florida document number L12000026837.

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 contain 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)**

15658 AVENUE OF THE ARBORS

WINTER GARDEN, FL 34787

**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, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SEAN MOSKOWITZ

New Registered Office Address:

15658 AVENUE OF THE ARBORS

*Enter Florida street address*

WINTER GARDEN

*City*

Florida

34787

*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**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager


AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DELAPENA, AMARIS	10710 REAMS ROAD	<input type="checkbox"/> Add
		WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

17

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FILED  
2018 OCT 8 P 3:35  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF ALABAMA  
MOBILE  
transmit to 605 0207 (3) b)  
not be listed as the  
the earlier of:

10-1-2016, \_\_\_\_\_  


SEAN MOSKOWITZ

**Page 3 of 3**  
**Filing Fee: \$25.00**