# L1 2 0000 74567

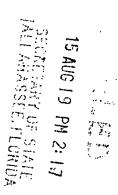
(Re	questor's Name)			
(Address)				
(Address)				
	ty/State/Zip/Phone	, +n		
(CII	ly/State/Zip/Prione	÷#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
(2-3				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



400275167784

07/27/15--01020--016 \*\*30.00



AUG 21 2015 J SHIVERS



July 28, 2015

CHERRIE ANN M REID 2585 NW 49TH AVE APT 203 LAUDERDALE LAKES, FL 33313

SUBJECT: NU-GROWTH LANDSCAPE & TREE SERVICE, LLC

Ref. Number: L12000034507

We have received your document for NU-GROWTH LANDSCAPE & TREE SERVICE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 415A00015783

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

TO: Registration Se Division of Cor		7	
SUBJECT: NU-GF	ROWTH LANDSCAPE	& TREE SERVICE, LLC	
		nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CHERRIE ANN N	1 REID	
		Name of Person	
	NU-GROWTH LA	NDSCAPE & TREE SERVI	ICE, LLC
		Firm/Company	
	2585 NW 49TH A	VENUE, APT 203	
		Address	
	LAUDERDALE LA	AKES, FL 33313	
	Chapilperla E-mail address:	City/State and Zip Code  C-mail.com  to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	•
CHERRIE ANN	M REID	at ( <u>954</u> ) 793-5565	<b>5</b>
Name of	Person		Telephone Number
Enclosed is a check for th	e 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

# NU-GROWTH LANDSCAPE & TREE SERVICE, 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 \_ March 12, 2012\_ Florida document number \_\_\_\_L12000034507 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) 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: New Registered Office Address: Enter Florida street address City

## 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>	Address	Type of Action
MGR	LANCELOT BONNER	2585 NW 49th Ave, Apt 203 Lauderdale Lake, FL 33313	Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
		□ Remove	
			Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change

	*******
	<u> </u>
	27 A 20 S
	Single Si
	(optional)
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to concern the listed in this block does not meet the applicable document's effective date on the Department of State's records.	date of filing or more than 90 days after filing.) Pursuant to 605.020
the record specifies a delayed effective date, but not a ) The 90th day after the record is filed.	in effective time, at 12:01 a.m. on the earlier o
Dated 17th day of Argust, 2915	
1 PR	

Page 3 of 3

Filing Fee: \$25.00