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## **COVER LETTER**

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eub ie		The Master'	's Gardener Outdoor LLC	*	<b>₩</b>	•		
SUBJECT: Name of Limited Liability Company								
The enci	losed	Articles of .	Amendment and fee(s) are sub	omitted for filing.				
Please re	eturn :	all correspo	ndence concerning this matter	to the following:				
			Janell Schiffermiller					
				Name of Person	<del>.</del>			
				Firm/Company				
			730 Galloway Dr					
				Address				
			Winter Springs, FL 32708					
			tmgoutdoorllc@gmail.com	City/State and Zip C	ode			
			E-mail address: (	to be used for future and	nual report notific	cation)	20	
For furth	ner int	formation co	oncerning this matter, please c	all:			20 NOV	
Janell So	chiffe _	rmiller		407 at ()	431-2254			SARY CE
		Name of	f Person	Area Code	Daytime '	Telephone Number		OF STAT
Enclosed	d is a	check for th	e following amount:				90	
<b>≡</b> \$25.	.00 Fi	ling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing I Certified Copy (additional copy i	y	Certified C	of Status &	
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Master's Gardener Outdoor LI	_C	
( <u>Name of the Lim</u>	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited I	Liability Company were filed on _	03/28/2012 and assigned
Florida document number L12000042783	<del></del> ·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
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 appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>
		20
	<del></del>	20 NOV
Enton now modified address if annihables		- TS-
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
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		on igit
3. If amending the registered agent and/or	registered office address on our	records, enter the name of the new registe
gent and/or the new registered office addre	ess nere:	
Name of New Registered Agent:	Janell Schiffermiller	
New Registered Office Address:	730 Galloway Drive	
	Enter F	lorida street address
	Winter Springs	, Florida 32708
	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.

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
Owner	Joshua Schiffermiller	730 Galloway Drive	
		Winter Springs, FL 32708	\exists Remove
			Change
MGR	Janell Schiffermiller	730 Galloway Drive	
		Winter Springs, FL 32708	□ Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
			□ Change
			□ Add
			Remove
			□ Change