L120000 52786

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP -5 PM 4: 09

Amend

9-6-13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: __Landscape Restorations, 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:

Maria M. DeRamus
Name of Person

Landscape Restorations, LLC
Firm/Company

328 Sailfish Circle
Address

Destin, FL 32541
City/State and Zip Code

Maria.DeRamus@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael S Robison
Name of Person

at (850) 259-0256
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ $25.00 Filing Fee　☐$30.00 Filing Fee &　☐$55.00 Filing Fee &　☐$60.00 Filing Fee,
　　　　　　　　　　Certificate of Status　　Certified Copy　　　　Certificate of Status &
　　　　　　　　　　　　　　　　　　　(additional copy is enclosed)　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

Landscape Restorations, 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 April 18, 2012 and assigned

Florida document number L12000052786 .

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

The new name must be distinguishable and end with 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: _328 Sailfish Cir._

(Mailing address MAY BE A POST OFFICE BOX)   _Destin, FL, 32541_

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

<u>Name of New Registered Agent:</u>   Maria M. DeRamus

<u>New Registered Office Address:</u>   328 Sailfish Circle
                                          Enter Florida street address

                                          Destin , **Florida** 32541
                                          City   *Zip Code*

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

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.   _Maria DeRamus_

If Changing Registered Agent, **<u>Signature of New Registered Agent</u>**

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Maria M. DeRamus	328 Sailfish Circle Destin, FL 32541	☑ Add ☐ Remove
MGRM	Michael S. Robinson	733 Heron Circle Destin, FL 32541	☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

_____

_____

Dated ___8-30_____ , __2013___ .

_____
Signature of a member or authorized representative of a member

Michael S. Robinson
_____
Typed or printed name of signee

Page 3 of 3

Filing Fee: $25.00