L12 0000 93448

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Westv	vinds Nursery and	d Hardscape Suppl	ies, LLC
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Yesmina Ma	urer	
		Name of Person	
	Westwinds Nurse	ery and Hardscape Su	ipplies,LLC
		Firm/Company	
	6800 17 Stre	eet SW	
		Address	
	Vero Beach,	, FL 32968	
	Mina@sunflower	City/State and Zip Code VERO.COM to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
Yesmina M	laurer	_{at (} 727 ₎ 794-3	377
Name	of Person	Area Code Daytimo	e Telephone Number
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**

Westwinds Nursery and Hardscape Supplies, 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 Compan	y were filed on 07/09/2012	and assigned
Florida document number L12000093448		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		the name of the new
	2	
Name of New Registered Agent:		- Carro
New Registered Office Address:	•	
	Emer Florida street address , Florida City	
	, Florida	**************************************
	City 7.	Zip Code
New Registered Agent's Signature, if changing Registered Agen		g, av
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	ete performance of my duties, and I am is provided for in Chapter 605, F.S. Or,	familiar with and , if this document is

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

MGR = Manager

AMBR = Authorized Member Title **Name Address** Type of Action Balizcki, Alexandra 5456 5th Lane MGRM □ Add Vero Beach, FL 32968 Remove Pulido, Carlos 5456 5th Lane **MGRM** □ Add Vero Beach, FL 32968 **■** Remove Yesmina Maurer 5456 5th Lane **MGRM ■** Add Vero Beach, FL 32968 ☐ Remove ☐ Remove □ Remove □ Add ☐ Remove

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the date this docume	ent is filed by the Florida Department of State)	tional) s after
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the date this docume Dated Augus	ent is filed by the Florida Department of State)	tional)

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Filing Fee: \$25.00