## E12000102013

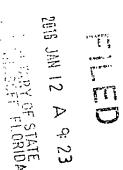
(Re	questor's Name)	
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		(	COVER LETTE	<b>R</b> ,	
	sistration Se ision of Cor	ction		,	
SUBJECT:		PROPERTY MANAGEMEN	T, LLC		
SUBJECT:		Name of Limi	ted Liability Company		<del></del>
The enclosed	d Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		SHAWN ROUHAN			
			Name of Person		
			Firm/Company		
		420 MOUNT VERNON D	RIVE,		
			Address		·
		VENICE, FL 34293			
		SROUHAN@HOTMAIL.C	City/State and Zip Code COM to be used for future annual		n)
For further in	nformation co	oncerning this matter, please ca	all:		
SHAWN RO	OUHAN		941 22 at ()	3-3619	
	Name o	f Person	Area Code	Daytime Telep	hone Number
Enclosed is	a check for th	ne following amount:			
<b>■</b> \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is end		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registrat Division Clifton E 2661 Exc	T/COURIER A tion Section of Corporations Building ecutive Center C see, FL 32301	DDRESS:

Fl. Dept of St.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our record imited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Co Florida document number L12000102013	mpany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
GULFSIDE LANDSCAPE SERVICES, UC		
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address.		s, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS .
	, FI	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and con		

If Changing Registered Agent, Signature of New Registered Agent

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

\_ - - ---- --

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	-	<del></del>	Add
			□ Remove
			Change
			Add
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			Change
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			N □ Remove

		<del></del>				<del> </del>	
Note: If to document to record	date, if other than the date of filities date is listed, the date must be specific and the date inserted in this block does not a effective date on the Department of the date in the date of the day after the record is filed.	t meet the applic f State's records e date, but no	able statutory f	iling requirem	ents, this date	e will not l	be listed a
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Filing Fee: \$25.00