U12000129276

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300244489843

02/22/13--01020--002 **25.00

EVECUELLY SECRETARY OF STATE SECRETARY OF STATE

disam graph graph to the

FEB 25 2013

COVER LETTER

TO: Registration Section Division of Corporations			÷	
SUBJECT: Better L	and SCape Name of Limite	ed Liability Company	s, LLC.	
The enclosed Articles of Amendmen	t and fee(s) are subr	nitted for filing.		
Please return all correspondence con	cerning this matter t	to the following:		
_4	Jayne	Goney Name of Person		
		Firm/Company		
38	3208,	Arlington	ave. F	2013
La	dy La	Address V Ke, FL 32 City/State and Zip Code		2013 FE6 22 PH
bw	PONEY 2 J E-mail address: (to	1 @, Embargo be used for future annual report to	mail-Constitution)	FH 12: 19
For further information concerning t	nis matter, please ca	ill:	. Programme in the second seco	ဖ
Wayne Gone	7	at (352) 75 S	3-7007 ime Telephone Number	
Enclosed is a check for the following	g amount:			
	Filing Fee &	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee, Certificate of Status	&

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

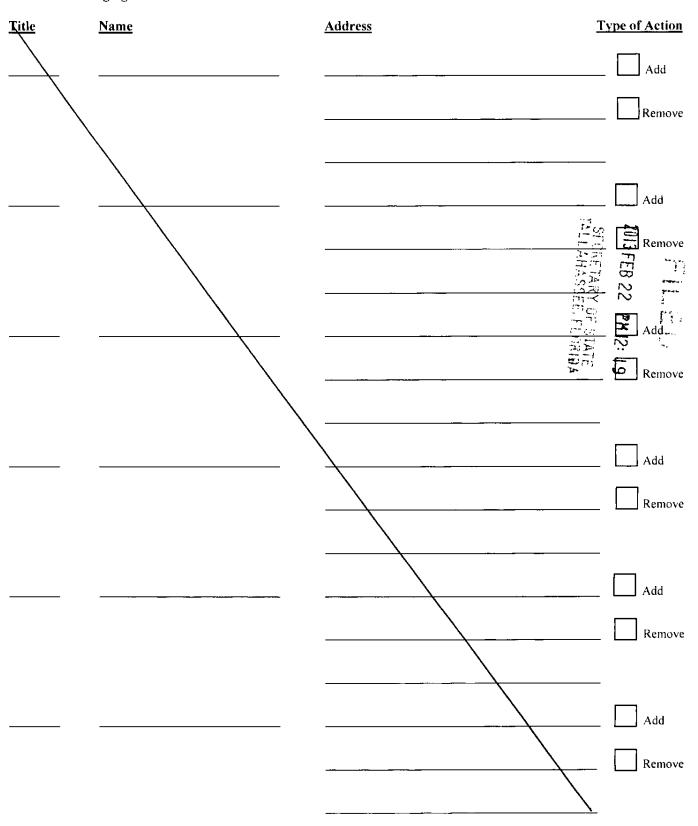
Oetter Land Scape of (Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ability Company)	LLC.
The Articles of Organization for this Limited Liability Company w Florida document number <u>L12000129</u> .27		and assigned
This amendment is submitted to amend the following:		**5 ~ ~ ~ ~
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and end with the words "Limited" L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1	2013 PL Subbreviation ALL CAN UP SIAT
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor ida street ad	dress
	, Florida	<u> </u>
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

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.

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

MGR = Manager MGRM = Managing Member



<u></u>	
_	
_/	Feb 18, 2013.
	Signature of a member of authorized representative of a member Billy Wayne Goney Typed or printed name of signee
	Billy Wayne Goney Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2013 FEB 22 PM 12: 19