

L12000140640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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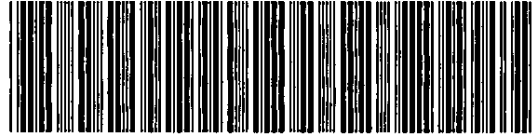
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN - 5 2013

T CLINE

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: _____

AGRISTAR, 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:

THOMAS GANZ

Name of Person

AGRISTAR

Firm/Company

32 WISTERIA DR.

Address

ORMOND BCH, FL 32176

City/State and Zip Code

TOMMYGANZ@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS GANZ

Name of Person

at (203) 509-0941

Area Code & Daytime 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

SECRETARY OF STATE
TALLAHASSEE, FL 32304

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AgriSTAR, 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 11-6-2012 and assigned
Florida document number L12000140640

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Big LEAGUE LANDSCAPE, LLC

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)

32 Wisteria Dr.
Ormond Beach, FL 32176

2013 NOV -4 PM 1:07
STATE OF FLORIDA
CLERK OF SUPERIOR COURT
JANICE L. PETERSON

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

Thomas Ganz

New Registered Office Address:

32 Wisteria Dr.

Enter Florida street address

Ormond Beach
City

Florida

32176
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 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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:

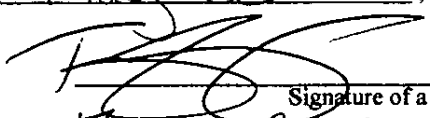
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	THOMAS J. GANZ, SR.	32 Wisteria Dr. Ormond Beach, FL 32176	☒ Add ☐ Remove
MGRM	Barbara Ganz	32 Wisteria Dr. Ormond Beach, FL 32176	☒ Add ☐ Remove
MGRM	THOMAS J. GANZ, JR.	4 Friendly Circle Ormond Beach, FL 32176	☐ Add ☒ Remove
MGRM	ERINN GANZ	4 Friendly Circle Ormond Beach, FL 32176	☐ Add ☒ Remove
			☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN -4 PM :07
2013

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

Dated May 30, 2013.


Signature of a member or authorized representative of a member
Thomas Gantz R. Egon Gantz
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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