## L12000142804

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(D.	and North and	
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly

EXAMINER



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SECRETARY OF STATE

12 OEC -4 PH 3: 26



November 27, 2012

Dear Florida Department of State Representative,

Please find enclosed my request to change my LLC business name due to a typo error. I have enclosed a check in the amount of \$25.00 to cover the application fee. I can be reached at 603-703-6774 should you have any questions. My return address is:

Thank you for your assistance,

Victor Rodriguez

Victor R.

## **COVER LETTER**

TO: Registration Section Division of Corporation		•	
•	$\overline{}$ .	116	·
SUBJECT:	Percision	<del>/</del>	
	Name of Limited	Liability Company	to office
			Fig. Of the
The enclosed Articles of Ame	endment and fee(s) are submi	tted for filing.	THE STATE OF THE S
Please return all corresponde	nce concerning this matter to	the following:	75% 34,
-	Victo	Rodrigue 2 Name of Person	
	_		<b>7</b>
	Precision	Farrier & Land	dscaping, LLC
<u>.</u>	340 SE C	1th St	
-	Pompano	Address Seach City/State and Zip Code	<u>330</u> 60
-	cowb	9 0304 a mail	(COV)
For further information conc	erning this matter, please call	:	
Mana of Pe	eaffel	at ( <u>U13 365-6</u> Area Code & Daytime Tel	743 Jephone Number
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ê	•	
MAILING Registratio	G ADDRESS: on Section	STREET/COURIER Registration Section	ADDRESS:

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	ompany as it now aj	mears on our records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L12000142804</u> .	pany were filed on	Nov 13 , 2012 and assigned 3.
This amendment is submitted to amend the following:		G.
A. If amending name, enter the new name of the limited	l liability company	<u>here</u> :
The new name must be distinguishable and end with the words "L.L.C."	MASCAPIN "Limited Liability C	ompany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	·
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Sume	(cowboy 0304 a gmail.com)
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		on our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
		Enter Florida street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	·
I hereby accept the appointment as registered agent and		

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 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			
Title	Name	Address	Type of Action
			Add
			Remove
**************************************			Add
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			П
	•		Remove
40·1			Add
			Remove
			Add
			Remove
			Add
			Remove
			Remove

. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
ted	November 28, 2012
	Mexichenful
	Signature of a member or fluthorized representative of a member
	Typed of printed name of signee
	Page 3 of 3

Filing Fee: \$25.00