#1 13000023676

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
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K.SALY EXAMINER FEB 19 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

NORTH FLORIDA LAWN & LANDSCAPE 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:

LASHELLE KEEL

Name of Person

LBK ACCOUNTING SERVICES LLC

Firm/Company

58 SIOUX CIRCLE

Address

HAVANA, FL 32333

City/State and Zip Code

lbkacct@att.net

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

For further information concerning this matter, please call:

LASHELLE KEEL

., 850 **539-5171**

Name of Person

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)

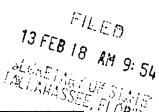
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



NORTH FLORIDA LAWN & LANSCAPE 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	y Company were filed on FEBRI	UARY 14, 2013 and assigned
Florida document number L13000023676	·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
NORTH FLORIDA LAWN & LANDSCAPE	LLC	
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	•	
(Principal office address MUST BE A STREET AD	DRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a	-	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
		, Florida
	City	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.

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>	Address	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Removė	
			Add	
			Remove	
			_	
			Remove	
			_	
****			Add	
			Remove	

. Kame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ted	
	Tolas (
	Signature of a member or authorized representative of a member
	LASHELLE KEEL
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00