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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

Detail Divas Landscape Garderners, 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:

Anne Sunne Freeman

Name of Person

Law Offices of Anne Sunne Freeman

Firm/Company

300 Turner Street

Address

Clearwater, FL 33756

City/State and Zip Code

afreeman@sunnelaw.com

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

For further information concerning this matter, please call:

Anne Sunne Freeman

727 461-3100

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

Detail Divas Landscape Garderners, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Li	adinty Company)			
The Articles of Organization for this Limited Liability Company village of Organization for the Organizatio	were filed on 03/04	/2013	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
Detail Divas: Landscape Gardeners, LLC				
The new name must be distinguishable and end with the words "Limit"L.L.C."	ed Liability Company,'	' the designation "	LLC" or the ab	breviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		records, enter	the name of	the new
New Registered Office Address:			70 	
	Enter	Florida street ad	* · · · 	
	City	- -	Zip Code	Come P
New Registered Agent's Signature, if changing Registered Agent:		:	ŞA □	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			Add			
			Remove			
			Add			
			Remove			
			Add			
			Remove			
						
			Add			
			Remove			
			_			
			Remove			
						
			Add			
			Remove			

D. If amend	ding any other	information	, enter change(s) her	e: (Attach d	ndditional sheets, if	necessary.)	
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Dated Ma	rch 19			•			
		Signatu	re of a member or author	orized represe	Esquare entative of a member	Bar #	<u>886</u> 26
	Anne Su	nne Free					
			Typed or prints	d name of ci	mee		

Page 3 of 3

Filing Fee: \$25.00