L13000037494

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registratión Sec Division of Corp			· ·
SUBJE	ст: <i>Д/</i>	tonio Griffi Name of Limi	Th'S Laum and ted Liability Company	nd Garden LLC
The enc	losed Articles of A	mendment and fee(s) are sub	nitted for filing.	
Please r	eturn all correspon	dence concerning this matter	to the following:	
		ante	Name of Person	7
		antonio G	riffin's Loud Firm/Company	n and Garden LLC
		3. N. Ac	Address	
		Beverly	HUS, FA City/State and Zip Code	34465
		<u> </u>	graffin 30g ma o be used for future annual rep	Pil. Com port notification)
For furt	her information con	ncerning this matter, please ca	11:	
	Untonio Name of	Griffin Person	at (<u>352</u>) Area Code	257-5232 Daytime Telephone Number
Enclose	d 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 enclose	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

_ (Intonio Griffing Lawn	and barden LLC
(Name of the Limited Liability Company as it nov (A Florida Limited Liability Con	npany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L130000</u> 3 7494.	I on $03/12/13$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability companies of the limited liability companies. Tony's Lawn and Gara The new name must be distinguishable and contain the words "Limited Liability Companies."	den LLC
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 office address here:	ess on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	nter Florida 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 is provisions of all statutes relative to the proper and complete performa accept the obligations of my position as registered agent as provided f being filed to merely reflect a change in the registered office address, company has been notified in writing of this change.	nce of my duties, and I am familiar with and or in Chapter 605, F.S. On if this document is

Page 1 of 3

If Changing Registered Agent, Signature of the Registered Agent

If amending A or removed fro	authorized Person(s) authorized to man om our records:	age, enter the title, name, and addr	
MGR = Man AMBR = Aut	nager horized Member		,
<u>Title</u>	Name	Address	Type of Action
		•	☐ Remove
·	·		Change
			Add
	•		□ Remove
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_□ Change

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ffective date, if	other than the da	te of filing:			_ (optional)	
Note: If the date in	listed, the date must be nserted in this block	does not meet the	applicable statutor	ng or more than 90 or ry filing requireme	ents, this date wil	Irsuant to 605.029 I not be listed a
юситені з епесн	ve date on the Depa	rtment of State's re	ecords.			
e record speci	fies a delayed el	ffective date, b	out not an effec	tive time, at 1	2:01 a.m. on	the earlier
The 90th day	after the record	l is filed.				
Dated Janu	1anu 20		016		20	
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(h)	Crie X /- Sig	nature of a member	or authorized represe	entative of a member	田山	***************************************
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Filing Fee: \$25.00