Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150002753123)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LICENSES ETC INC

Account Number : 120070000159 Phone : (239)777-1028

fax Number : (877)275-3593

\*\*Enter the email address for this business entity to be used for Th annual report mailings. Enter only one email address please []

Email Address: ETC@LICENSESETC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

R.G. LAWN AND GARDEN CARE LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

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S. YOUNG

2015-11-18 16:08:01 (GMT)

From: Licenses Etc.

## (((H15000275312 3))) **COVER LETTER** TO: **Registration Section Division of Corporations** R.G. Lawn and Garden Care LLC SUBJECT: 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: Lisa Adams Name of Person Licenses, Etc. Firm/Company 886 110th Ave. N., Suite #6 Address Naples, FL 34108 City/State and Zip Code etc@licensesetc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lisa Adams Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

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

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H15000275312 3)))

	GARDEN CARE LLC
( <u>Name of the Limited Liability Co</u> r (A Florida Limi	npany as It now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp	any were filed on 06/18/2013 and assigned
Florida document number <u>L13000087392</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(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 registered agent and/or the new registered office address b	d office address on our records, enter the name of the ne- nere:
Name of New Registered Agent:	
New Registered Office Address:	
	EnterFloridustreet address
	, Florida
	Cih <sup>,</sup> ZipCode

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 605, 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H15000275312 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ramon Garcia, JR.	2730 6th Ave. NE	Add
		Naples, FL 34120	□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			SECOND Add
			Remove SSECTION Change
			□ Remove
			Change
			🗖 Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Clunge

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E. Effec	tive date, if other than the date of filing:	1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Note	If the date inserted in this block does not meet the applicable staintory filing requirements, this date will not be li	195.0207 (3)(b) Sped as the

Dated	November 12th 2015
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Ramon Garcia
	Typed or printed name of signee

Page 3 of 3

Filing:Fee: \$25.00