

L13000151418

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NOW AND ZEN CONTEMPORARY LANDSCAPE & GARDEN DESIGN  
Name of Limited Liability Company LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VITTORÉ CRUZ

Name of Person

NOW AND ZEN CONTEMPORARY LANDSCAPE & GARDEN DESIGN LLC

Firm/Company

2700 MALABAR ROAD UNIT 1138

Address

MALABAR, FL 32950

City/State and Zip Code

BIKUTTA@YAHOO.COM

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

For further information concerning this matter, please call:

VITTORÉ CRUZ

Name of Person

at

(772)

Area Code

713-8444

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

NOW AND ZEN CONTEMPORARY LANDSCAPE & GARDEN DESIGN  
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 Company were filed on 10/28/2013 and assigned  
Florida document number L/3000151418

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NOW AND ZEN CONTEMPORARY STONE, TILE & HARDSCAPES LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2700 MALABAR ROAD UNIT  
1138, MALABAR, FL.  
32950

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2700 MALABAR ROAD UNIT 1138  
MALABAR, FL 32950

B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:

Name of New Registered Agent:

VITTORE CRUZ

New Registered Office Address:

2700 MALABAR ROAD UNIT 1138  
Enter Florida street address  
MALABAR, Florida 32950  
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 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Vittore CRUZ	2700 MALABAR ROAD UNIT 1138 MALABAR, FL 32950	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 26, 2014

V. Cruz

Signature of a member or authorized representative of a member

Vittore Cruz

Typed or printed name of signee

THANK YOU

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Filing Fee: \$25.00

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