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COVER LETTER

TO: Registration Section
Division of Corporations

Darrell Stone Landscaping and Property Maintenance, 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:

Robert S. Jones, II

Name of Person

The Law Offices of Bobby Jones, P.A.

Firm/Company

P.O. Box 41643

Address

St. Petersburg, Florida 33743

City/State and Zip Code

distribution@bobbyjoneslaw.com

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

For further information concerning this matter, please call:

Robert S. Jones, II

__{at (}727₎ 571-1333

Name of Person Area C

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**

Darrell Stone Landscaping and Property Maintenance, 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 November	22, 2013 and assigned
Florida document number L13000164166	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Stonecreek Landscaping, 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)	·
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SSE N
Thriang unitess MATE BEAT 051 01 FICE DONY	m _© T
	STA D
B. If amending the registered agent and/or registered office address on our recording the new registered office address here:	ords, enterether name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street ad	dress
	, Florida
City ·	Florida 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, a provisions of all statutes relative to the proper and complete performance of my duties accept the obligations of my position as registered agent as provided for in Chapter 60 being filed to merely reflect a change in the registered office address, I hereby confirm company has been notified in writing of this change.	e, and I am familiar with and 05, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add
			Remove
			2014
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			☐ Remove
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If amending any other information, enter change(s) here: (Attach	, , , , ,
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) I cannot be more than 90 days after
Dated January 15 2014	
Dated,	
	_
Signature of a member of authorized repre-	
Robert S. Jones, II, attorney for Da	rrell Stone
Typed or printed name of s	signee

Page 3 of 3

Filing Fee: \$25.00

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