

**L14000002282**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

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**S Warren**  
**NOV 09 2016**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NATURE COAST LANDSCAPE SERVICES 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:

Nestor Nazario

\_\_\_\_\_  
Name of Person

NATURE COAST LANDSCAPE SERVICES LLC

\_\_\_\_\_  
Firm/Company

2425 Lema Drive

\_\_\_\_\_  
Address

Spring Hill, FL 34609

\_\_\_\_\_  
City/State and Zip Code

chury1971@gmail.com

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

For further information concerning this matter, please call:

Nestor Nazario

727 919-3922  
at ( )

\_\_\_\_\_  
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**

NATURE COAST LANDSCAPE SERVICES 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 01-06-2014

Florida document number L14000002282

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)**

NATURE COAST LANDSCAPE SERVICES LLC

2425 Lema Drive

Spring Hill, FL 34609

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2425 Lema Drive

Spring Hill, FL 34609

**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:**

Nestor Nazario

**New Registered Office Address:**

2425 Lema Drive

*Enter Florida street address*

Spring Hill

, Florida 34609

*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**

SECRETARY OF STATE  
LANDSCAPE SERVICES LLC

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**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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          | Nestor Nazario | 2425 Lema Drive, Spring Hill, FL 34606 | <input checked="" type="checkbox"/> Add |
|              |                |                                        | <input type="checkbox"/> Remove         |
|              |                |                                        | <input type="checkbox"/> Change         |
|              |                |                                        | <input type="checkbox"/> Add            |
|              |                |                                        | <input type="checkbox"/> Remove         |
|              |                |                                        | <input type="checkbox"/> Change         |
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|              |                |                                        | <input type="checkbox"/> Remove         |
|              |                |                                        | <input type="checkbox"/> Change         |
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|              |                |                                        | <input type="checkbox"/> Change         |

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 TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 1st, 2016

Signature of a member or author

Signature of a member or authorized representative of a member

Dacia Trombetta

Typed or printed name of signee

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016 NOV - 7 P 3: 03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA