Jorga Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H14000152538 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From;

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-8600

Fax Number

: (323)962-3889

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**Enter the email address for this business entity to be used for further

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LANDSCAPE LIGHTING DESIGNS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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Corporate Filing Menu

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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	LANDSC	APE LIGHTING DESIGN	S, LLC	
SUBJE		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		100 W. Broadway Sui	te 100	
			Address	
		Glendale, CA 91210		
		1817 - L s 0	City/State and Zip Code	····
		sydney@le7.us		
		E-mail address: (to be used for future annual report notific	cation)
For furt	her information co	oucerning this matter, please co	all:	
Imelda	a Vasquez		323 962-8600 es	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$23	0.00 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 Tallahassco, 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

LANDSCAPE LIGHTING DESIGNS, 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 2/17/2014	and assigned
Florida document number L14000026425		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		nter the name of the new
Name of New Registered Agent:		····
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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

MGR = Manager

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:

AMBR = Authorized Member <u>Title</u> Name <u>Address</u> Type of Action **AMBR Donald Collier** 5043 Pebblebrook Way 🛢 Add Coconut Creek, FL 33073 ☐ Remove Sandra Collier AMBR 5043 Pebblebrook Way Add Coconut Creek, FL 33073 __ 🗆 Remove _D Add _□ Add _ Add □ Remove

). If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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. Effective	e date, if other than the date of filing:
(The effecti	ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after a document is filed by the Florida Department of State)
Dated	06/23/2014
	Sudues Caros
	Signature of a member of authorized representative of a member
	Sydney C Jones
	Typed or printed name of signee

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Filing Fee: \$25.00