L14000031070

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SECRETARY OF DEFICATION TALL AND SSEE, FLORIDA

MAR 2 7 2013 T. HAMPTON

COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: Caloosa	Lawn & Garden LLC		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Joy Grant		
		Name of Person	
	Calusa Lawn & Gard		
		Firm/Company	
	131 N INDIES DR		
		Address	
	DUCK KEY, FL 3305	50	
		City/State and Zip Code	
	calusalawn@gmail.co	om to be used for future annual report notifi	ication)
For further information of	concerning this matter, please co	•	(Canton)
Joy Grant		at (305) 7434558	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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:

TO:

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

Caloosa Lawn & Garden 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 Liabi	ility Company were filed on 02/24/2014	and assigned
Florida document number L14000031070		
This amendment is submitted to amend the following		TALLAHASS
A. If amending name, enter the new name of th	e limited liability company here:	※ 2 「
Calusa Lawn & Garden LLC		1 2 11
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LL	C" or the abbreviation L.L.C"
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	<i>2</i> *
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or	registered office address on our records	s, enter the name of the new
registered agent and/or the new registered office	e address here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	s
	Fl	orida
-	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			□ Remove
			□ Add
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			FILAND SSFE PLONIDA
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			□ Remove
			Add
	•		Remove

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	ve date, if other than the date of filing:
e date	
e date i	March 21 , 2014 - Secretary
e date	this document is filed by the Florida Department of State) March 21 , 2014
date	March 21 , 2014 - Secretary

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Filing Fee: \$25.00