## 114000033077

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## **COVER LETTER**

	Registration Se Division of Cor			
CUBIC		omplete Landscape, LLC		
SUBJEC	T:	Name of Lim	aited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ndence concerning this matter	to the following:	
		Robert L. Douglas, Jr		
			Name of Person	······································
		Douglas Complete Landsc	ape, LLC	
			Firm/Company	
		2113 Derringer Ct		
			Address	
		Kissimmee, FL 34743		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		Douglascompletelandscape		····
For furthe	r information c	E-mail address: ( oncerning this matter, please co	to be used for future annual report notificall:	cation)
Robert Do	ouglas		407 6009905 at ( )	
	Name of	f Person		Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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

Douglas Complete Landscape, LLC				
( <u>Name of the Limited Liah</u> (A Flor	illity Company as it now appears on cida Limited Liability Company)	our records.)	<del></del>	
The Articles of Organization for this Limited Liability Florida document number L14000033077	Company were filed on 2/26/20	14	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company here:			
The new name must be distinguishable and contain the words "L	imited Liability Company," the designa	tion "LLC" or the abbrevia	ation "L.L.C."	_
Enter new principal offices address, if applicable:		-	<u>هـــــ</u>	_
(Principal office address MUST BE A STREET ADI	DRESS)			1
			i ö	
Enter new mailing address, if applicable:				47 .:
(Mailing address MAY BE A POST OFFICE BOX)			· Ģ	*
			12	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, enter the	name of the	new
Name of New Registered Agent:		,	<del> </del>	
New Registered Office Address:				
	Enter Florida str	reet address		
		, Florida		_
	City	Zij	o 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 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>	Name	Address	Type of Action
AR	Angelica E. Douglas	2113 Derringer Ct	🗖 Add
		Kissimmee, FL 34743	■ Remove
			Change
AR	Robert Douglas III	2113 Derringer Ct	Add
		thiss FL 34743	□ Remove
			Change
		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	☐ Remove
			Change
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				<del> </del>		
Effective date, if other than the date of an effective date is listed, the date must be a Note: If the date inserted in this block document's effective date on the Depart	does not meet the	applicable s	tatutory filing r	equirements, th	is date will not l	to 605. De liste
ne record specifies a delayed eff The 90th day after the record		ut not an	effective tim	ne, at 12:01	a.m. on the	earlie
Dated May 23,	, 2017	··				
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