# 11400039307

(Re	equestor's Name)	
(Ac	dress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200274321922

06/26/15--01015--024 \*\*25.00

2015 JUN 30 P 3: 59
SECRETARY OF STATE



#### **COVER LETTER**

### **Registration Section Division of Corporations**

SUBJECT:			
	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:

Andrew Stiliha	
Name of Person	
i Garden, LLC	
Firm/Company	
7032 Pelican Island	Dr.
Address	
Tampa FL 33634	
City/state and Zip Code	
noblerange @ gmail.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Andrew	Stiliha	at(3(3)	389-100	7 AESE	2015	
Name of Enclosed is a check for the	f Person  he following amount:	Area Code	Daytime Telephone Nu	ETARY O HASSEE.	JUN 30 F	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cert osed) Cert	00 Filing Fe ificate of S ified Copy tional copy is	tafijs &	O

**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

## TO ARTICLES OF ORGANIZATION OF

i Garden,	LLC	
(Name of the Limited I	Liability Company as it now appears on our records,) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi		and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<i>DX</i> )	
	A	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the address here:	name of the nev
Name of New Registered Agent:	E.F.CRA W	M —
New Registered Office Address:	Enter Florida street address	
	, Florida	
-		p 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

#### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sarah Belmont	7032 Pelican Island Dr	ÞAdd
		Tampa FL 33634	Remove
			□ Change
			□ Remove
			Change
			Add
	TALLAHASSE	□ Remove	
	e.F.Log P		
		RATE OF	☐ Remove
			☐ Change
		-	🗆 Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			☐ Change

	,				
-					
-					
			<u>.</u>		
-					
•	TALL				
	Arr Hr Arr	ے (			
	A SEE		_	m	
	FLORIDA	, <u>u</u>	'n	0	
	Dr A	ל ל	<u> </u>		
Note:	ve date, if other than the date of filing:	ional) r filing is date	.) Purs	suant to 605.0 not be listed	)207 (3 d as th
	ord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed.	a.m.	on t	he earlie	r of:
Dated	June 24,2015  Signature of a member or authorized representative of a member				
	organisate of a member of authorized representative of a member				

Page 3 of 3

Filing Fee: \$25.00