

L14000042067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

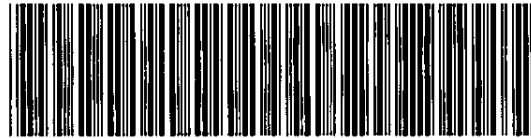
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TOLSON
U.S. DEPT. OF JUSTICE

B. BOSTICK

JUN - 3 2014

EXAMINES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Ambiance Outdoor Scapes, 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:

Ray Smith

Name of Person

Ambiance Outdoor Scapes

Firm/Company

10151 University Blvd #244

Address

Orlando, FL 32817

City/State and Zip Code

Ambianceoutdoorscapes@yahoo.com

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

For further information concerning this matter, please call:

Ray Smith

Name of Person

at (407) 234-8147

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

2014 MAY 27 P 5 14

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Ambiance Outdoor Scapes, 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 3/11/14 and assigned
Florida document number L14000042067.

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 end with 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)

10151 University Blvd.
#244
Orlando, FL 32817

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10151 University Blvd.
#244
Orlando, FL 32817

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:

Ray Smith

New Registered Office Address:

10151 University Blvd #244
Enter Florida street address
Orlando, Florida 32817
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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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	Denea Smith	8770 Larwin Ln	<input type="checkbox"/> Add
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		Orlando, FL 32817-	<input checked="" type="checkbox"/> Remove
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AMBR	Terry "Ray" Smith	8770 Larwin Lane	<input type="checkbox"/> Add
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		Orlando, FL 32817	<input checked="" type="checkbox"/> Remove
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JACKSONVILLE, FLORIDA

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

5/21/14

Signature of a member or authorized representative of a member

Ray Smith

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

2014 MAY 27 P 5:14
FLORIDA DEPARTMENT OF STATE
NOT RECORDED

FILED