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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2014

ESTELA MORALES AXIOM ACCOUNTING, INC 4951 TAMIAMI TRAIL NORTH, SUITE 103 NAPLES, FL 34103

SUBJECT: US LANDSCAPE LIGHTING, LLC

Ref. Number: L14000053817

We have received your document for US LANDSCAPE LIGHTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days pour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 214A00023052

## **COVER LETTER**

TO: Registration Section
Division of Corporations

US LAND SUBJECT:	DSCAPE LIGHTING, LI	LC			
L. distributing	Name of Lim	ited Liability Company			
ted for flighthe enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	<i>:</i>		
he hellowinglease return all correspon	ndence concerning this matter	to the following:			
	ESTELA MORALES	<b>;</b>			
to see a Markon		Name of Person	<del></del>		
E NIO	. AXIOM ACCOUNTII	NG, INC			
Enot Company		Firm/Company	<del> </del>		
NORTH, SUITE 103	4951 TAMIAMI TRA	IL NORTH, SUITE 103	,		
'aldres'		Address	· · · · · · · · · · · · · · · · · · ·	201 172	
	NAPLES, FL 34103			2014 NOV I	
hy state and Zip Code	······································	City/State and Zip Code			
castinot	estelamorales07@co	mcast,net		12; I	
e used for ferare annual report notification.  For further information co	E-mail address: (i	to be used for future annual report notifi all:	ication)	PH 4: 0	į.
::::2°Estela'Morâles		239 7772943		377	
Area Code Day( <b>Name.of</b>	Rersonvember	Area Code Daytime	Telephone Number		
Enclosed is a check for the	e following amount:	~ .			
© \$55.60 Imin <b>\$25:00\Filing Fee</b> Condited Copy (adentor a copy is diclosed)	CE: \$30:00 Filing Fee & Certificate of Status Certified Compositional copy is enclosed:	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

STREET/COUMAILING/ADDRESS:

Registration SecRegistration Section
Division of CorpDivision of Corporations
Outcom Building P.O. Box 6327
1001 Proceeding Tallahassee, FL 32314
1008 Sept. 1000 100

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

US LANDSCAPE LIGHTIN		
(Name of the Limit	ed Liability Company as it now appears o (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Line Florida document number L14000053817		
This amendment is submitted to amend the following	owing:	
An If amending name, enter the new name of	the limited liability company here	:
JVM LANDSCAPING, LLC		
The new name must be distinguishable and end with the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	2
<del>-</del> ··· · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:	····	N 12 12 1
(Mailing address MAY BE A POST OFFICE I	<u> </u>	
### 1885 ##B. @ If@amending@therregistered@agent@and/orthe new registered of	or registered office address on o fice address here:	ur records, enter the name of the new
Name of New Registered Agent:	AXIOM ACCOUNTING, INC	,
1 JAMIAM RAN Registered Office Address:	4951 TAMIAMI TRAIL NOR	TH SUITE 103
Enter I to the cover address	Enter Florida	street address
PL98 February 34103	NAPLES	, Florida 34103
e o	City	Zip Code
New Registered Agent's Signature, if changing R	egistered Agent:	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has been notified in wri	er and complete performance of my tered agent as provided for in Cha tegistered office address, I hereby of change.	duties, and I am familiar with and opter 605, F.S. Or, if this document is

Page 1 of 3

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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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		<u> </u>	□ Remove
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	<del></del>		
Effective date, if other than the date of fi	11/05/2014		(optional)
(The effective date must be specific, cannot be prior to	date of receipt or filed date and can	not be more than	90 days after
the data this document is filed by the blorida Domark			
the date this document is filed by the Florida Depart  Dated $1/1-0$ 5 - $79/1$	ment of state y		
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Dated //-0 5 - 7914	fa member or authorized representa	tive of a membe	er ————————

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