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COVER LETTER

Division of Corporations
SUBJECT: Tuchers Landscaping Design - Maintenance, LLC Name of Limited Elability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ryan Beasley, CPA Name of Person
Bensley, Bryant & Company, CPAS, P.A. Firm/Company
4940 Southford Drive
Latteland, FL 33813 City/State and Zip Code
- Para Carlo C
For further information concerning this matter, please call:
Ryan Beasley, CPA at (863) 646-1373 PAR Area Code Daytime Telephone Number CAL CODE
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Sta

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

Tuchers Landscapin	g Design - Maintenance,	116	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)		
The Articles of Organization for this Limited Liability Company w Florida document number <u>L140000 76004</u> .	ere filed on <u>May 9, 2014</u>	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability Tuckers Lawn + Landscaping Design + M The new name must be distinguishable and end with the words "Limited Liability			
The new name must be distinguishable and end with the words "Limited Liabilit	y 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)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address here:	e address on our records, enter	2014 PALE	f the new
Name of New Registered Agent:		32 8 5 8	Cheminal -
New Registered Office Address:		-7	Pose
	Enter Florida street address , Florida	TARY OF S PER CRIDE	m
	City	Zip Code	- Sharanage
New Registered Agent's Signature if changing Registered Agent		₹m />	

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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			TRANSFEE PLORIDA
			□ Remove

f am	tending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	· ·
(The ef	tive date, if other than the date of filing:
Dated	November 3, 2014.
	MAHREN TOMER
	Signature of a member or authorized representative of a member Matthew Tucker
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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