#15000041480

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Incomplet - W15-22761

Office Use Only



500270192695

03/13/15--01010--005 **25.00

2015 APR 21 PH 5: 34

K.SALY EXAMINER MAY - 6 2015



15 APR 24 AM IO: 00

April 1, 2015

DAVID LAGREE 945 WAVERLY ST. OLDSMAR, FL 34677

SUBJECT: LAGREEN CONSTRUCTION, LLC

Ref. Number: L15000041480

We have received your document for LAGREEN CONSTRUCTION, 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 document submitted is incomplete. Enclosed is an amendment form for your convenience. Please submit the complete form.

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

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

Karen A Saly Regulatory Specialist II

Letter Number: 415A00006517

COVER LETTER

TO: Registration Section Division of Corpor	n ations		
SUBJECT: La GV	ree Develop Name of Limb	ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	David	Name of Person	
		Firm/Company	
	945 L	uwerly street	-
-		FL 34677 City/State and Zip Code Code to the Lorentz Code of the	r.Con ification)
For further information conce	erning this matter, please cal	11:	
Dave La	Gree son	at (<u>D</u>) <u>433</u> Area Code Daytin	3045 ne Telephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee □	330.00 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)

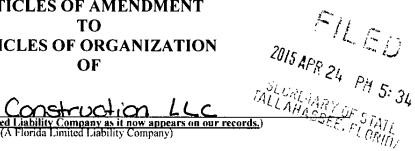
MAILING ADDRESS:

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



The Articles of Organization for this Limited Liability Company were filed on March 9th, 2015 and assigned Florida document number <u>L150000 41480</u>.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited	liability company here:	
LaGreen Developme	of LLC	
The new name must be distinguishable and end with the words "Limited	Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		•
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida
·	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

famending authorized	g the Managers or Authorized Memb Member being added or removed fro	er on our records om our records:	, enter the title, name, and addre	ss of each Manager
1GR = M			2015 APR 24 PM 5: 34 FALLAHASSEE, FLORID	
<u>tle</u>	<u>Name</u>	Address	TALL ASSARY OF CO.	Type of Action
		* ***	TAMASSEE FLORID	
	. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			□ Remove
	NA			
	·	<u></u>	<u> </u>	🗆 Add
				□ Remove
				
				🗆 Add
				□ Remove
				
				□ Remove
			·	🗆 Add
				□ Remove
				
				Add
				□ Remove

ve date, if other than the date of filing: tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 this document is filed by the Florida Department of State)	(optional) days after
Hladie	
David Lake	
Signature of a member or authorized representative of a member ;	

Page 3 of 3

Filing Fee: \$25.00

2015 APR 24 PH 5: 31