

L15000064907

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H17000239713 3))



H170002397133ABC0

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : LOWDES, BROSDICK, DOSTER, KANTOR & REED, P.L.L.C.  
Account Number : 072720000036  
Phone : (407) 843-4600  
Fax Number : (407) 843-4444

Attn: Tam Passey

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NATURE'S GARDEN LANDSCAPE & DESIGN SERVICES, LLC

2017 SEP -6 PM 9: 25

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2017 SEP -6 AM 10: 15

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Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

H17000239713 3  
FILED  
2017 SEP -6 AM 10:15  
TAMPA, FLORIDA  
H&H ASSOCIATES, P.A.

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

NATURE'S GARDEN LANDSCAPE & DESIGN SERVICES, LLC

Pursuant to the provisions of Section 605.0202 of the Florida Revised Limited Liability Company Act, NATURE'S GARDEN LANDSCAPE & DESIGN SERVICES, LLC, adopts the following Articles of Amendment to its Articles of Organization:

- FIRST: The name of the limited liability company is NATURE'S GARDEN LANDSCAPE & DESIGN SERVICES, LLC (the "Company").
- SECOND: The Articles of Organization of the Company were filed with the Florida Department of State on April 14, 2015, and assigned Document Number L15000064907.
- THIRD: The following amendment to the Articles of Organization was adopted by the Company:

ARTICLE I  
NAME

The name of the Company is THE REINERT FAMILY TRUST, LLC.

IN WITNESS WHEREOF, the undersigned, as an authorized representative of the Company, has caused these Articles of Amendment to Articles of Organization to be duly executed as of the 6th day of September, 2017.

  
Peter E. Reinert, Authorized Representative

# L17000153423

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H170002395463ABC4

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : LEGALZOOM.COM INC.  
 Account Number : 720013000062  
 Phone : (323)962-9600  
 Fax Number : (323)962-9880

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 TALLAHASSEE, FLORIDA

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Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SUNSHINE PARTNERS OF IOWA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

2017 SEP -6 AM 10:56

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

K SALY  
SEP -7 2017

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### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUNSHINE PARTNERS OF IOWA, 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

arnoldnumbersguys@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

Name of Person

800 773-0888 ext. 9724

at ( )

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2017 SEP -6 AM 10:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

SUNSHINE PARTNERS OF IOWA, 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 07/18/2017 and assigned Florida document number L17000153423.

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:

22197 230th Ave.

(Principal office address MUST BE A STREET ADDRESS)

Centerville, IA 52544

Enter new mailing address, if applicable:

22197 230th Ave.

(Mailing address MAY BE A POST OFFICE BOX)

Centerville, IA 52544

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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street 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

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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 CLERK OF SUPERIOR COURT  
 HALL COUNTY, MISSISSIPPI

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

Article IV. Please update the address of the authorized members, Debbie Ferman,

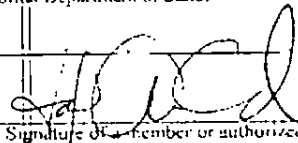
Randall Ferman, and Hal Arnold, to read as follows:

22197 230th Ave., Centerville, IA 52544

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 9/5/2017

  
Signature of a member or authorized representative of a member

Hal Arnold

Typed or printed name of signer

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DEPT. OF STATE  
TALLAHASSEE, FL 32304