## L15000139528

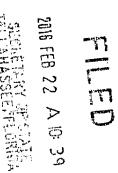
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400282230854

02/22/16--01018--024 \*\*25.00



FEB 23 2016 BRUCE

## COVER LETTER

\*\*

TO:	Registration Sec Division of Corp						
CUDIE	YARDCOP	LLC					
SUBJE	CI:	Name of Lim	nited Liability Company				
The enc	losed Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please re	eturn all correspor	ndence concerning this matter	to the following:				
		Lawrence W Yonge III					
		<del></del>	Name of Person		-		
		<del> </del>	Firm/Company		_		
	14415 SE 100th Ave						
			Address		-		
		Summerfield, FL 34491					
			City/State and Zip Code		-		
		larry.yonge@gmail.com					
		E-mail address: (	to be used for future annual report notifica	tion)			
For furth	ner information co	ncerning this matter, please c	all:	;	2016 TALL		
Lawren	ce W Yonge III		352 598-9306 at ()	!		*******	
	Name of		Area Code Daytime To	elephone Numbe	22 A		
Enclose	d is a check for the	e following amount:		Š			
\$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &		

MAILING ADDRESS:

AL.

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

YARDCOP 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 August 14, 2015 and assigned Florida document number L15000139528 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **GUARDEN TECH LLC** The new name must be distinguishable and contain 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) 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 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

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			<u>Pag</u> ∰add
			The movement
			5 Change
			G G G Add
		<u> </u>	☐ Remove
			☐ Change
			☐ Add
			Remove

\_ Change

_			•								
		•									
-	<del></del>									<u>.</u>	
-	<del></del>			<u></u>							_
_											<del></del>
_											
_											
_											
_								<del></del>			
								-			
_						••					<del></del>
_											_
_			<del>-</del>								
_											_
_	•					-					_
_											_
_									<b>S</b>	2	
										50	Shift of the
ffecti	ve date, if othe	er than the date	e of filing	; <b>:</b>				(option	ial) 😤	63 N	eparate angle Historia Histori
an effe ote:	ective date is listed If the date insert	the date must be sted in this block on the Depart	specific and does not m	cannot be pr leet the app	ior to date of licable statu	filing or mon itory filing i	e than 90 da; requiremen	ys after fi its, this c	ling.).Pur late will	suani to not be	605,0207 list <b>ed</b> a <b>s</b>
ocume	ent's effective d	ate on the Depart	tment of S	tate's recor	ds.		·		THE THE		
										Μ	
e rec The	ord specifies 90th day afte	a delayed eff er the record	fective d is filed.	ate, but	not an eff	ective tin	ne, at 12	::01 a.	m. on	th <u>i</u> ea	rlier of
	February 18		,	2016	·						
ated _											
ated _	. D	Λ Λ									
ated _	La	A A	estare of a	nember or au	thorized repr	resentative of	`a member	<del>/***</del>			-

Page 3 of 3

Filing Fee: \$25.00