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COVER LETTER

SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	BRENDA CHAMBERS					
		Name of Person				
CHAMBERS & ASSOCIATES						
		Firm/Company				
603 N FERDON BLVD						
	Address					
	CRESTVIEW, FL 32536					
		City/State and Zip Code	 			
	BRENDA@CA-CRESTVII	EW.COM	V			
	E-mail address: (to be used for future annual report notific	cation)			
For further information co	oncerning this matter, please co	ilf:				
BRENDA CHAMBERS		850 398-8088 at ()				
Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is a check for the	ne 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

TO:

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

DECORATIVE LANDSCAPING & CONCRETE L (Name of the Limited Liability Comp (A Florida Limited		<u>s.</u>)
The Articles of Organization for this Limited Liability Compan		and assigned
	y were filed on	und doinghed
Florida document number L16000014276		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility 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)		
		7. 7. 7. 9. 1.
Enter new mailing address, if applicable:		
••	-	on on
(Mailing address MAY BE A POST OFFICE BOX)		
		7
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he Name of New Registered Agent:		s, enter the name of th
Name of New Registered Agent.		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street addres:	v
	, Flo	orida
	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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TAMARA D GATLIN	2820 LAKE SILVER ROAD	
			Add
		CRESTVIEW, FL 32536	
			■ Remove
			☐ Change
			
			□ Remove
			🖸 Change
			Add
			□ Remove
			Change
		□ Remove	
			Change
			
			Remove
			Change
			□ Remove
			□ Change

Note.	detective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (I fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.
f the re b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	November 21 2018 Command Signature of a member of a member of a member
	Tamara D Gatlin
	Typed or printed name of signee

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Filing Fee: \$25.00