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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2016

DARUS GRAY DG LANDSCAPING LLC 5450 BRUCE B DOWNS BLVD STE 225 WESLEY CHAPELY, FL 33544

SUBJECT: DG LANDSCAPING LLC

Ref. Number: L16000037387

We have received your document for DG LANDSCAPING 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 116A00020002

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration So Division of Cor					
SUBJECT:	DG LAND Name of Limi	SCAPING LLC ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspo	ondence concerning this matter t	o the following:			
	5450 B	Name of Person ALID SCAPILIS (LC) Firm/Company PUCK B DOWNS BU Address Address Address City/State and Zip Code o be used for future annual report notification in the control of th	44	16 SEP 15 PH	SEURETARY OF TALLAHASSES F
For further information c	concerning this matter, please ca	II:		5: 01	1.080E
DAEUS Name o	FRAY of Person	at (<u>8/3</u>) 476 Area Code Daytime	- 1877 Telephone Number		Swg6
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	atus &	

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

	SCAPING CLC	·	
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appear Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	2/03/2014	and assigned
Florida document number <u>L160003738</u>	I		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company he	ere:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the d	esignation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)	· <u></u> -	5 5
			T 55-
			5 % % 7
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			\circ \(\text{i} \)
			9 3m
			,
B. If amending the registered agent and/or registered agent and/or the new registered office addre		our records, enter	the name of the ne
registered agent and/or the new registered office additi	cas nere.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	ida 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 or removed	Authorized Person(s) authorized to a from our records:	manage, enter the title, name, and address of each	person being add
MGR = M			
<u>Title</u>	<u>Name</u>	Address	Type of Action
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in effective date	if other than is listed, the date te inserted in th	must be specifi	ic and cann				an 90 days at			
ocument's effe	ective date on th	ne Department	t of State'	s records.						
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Filing Fee: \$25.00