1/600/14/03

(Re	questor's Name)	
(Ad	dress)	
	dress)	
(10	uicss)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(D.,	air Fasia Na	
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



500306503085

12/18/17--01011--002 **30.00

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: A1 L	and scaping	OF the Palm Be	oches/Lawns for Li
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Beatri	SS Powe Name of Person	
	A1 Landso	ciping of the Palm	Beaches
	8214 Wind	ripesaulee way	
	Lake wort	h, FL 33467 City/State and Zip Code	
-	Laki'shi'a (O Greenhards IC. LOW to be used for future annual report notifi	Cation)
For further information conc	erning this matter, please ca	ıll:	
Beatriss Name of Pe	Powell	at (SUI) 727-0 Area Code Daytime	Telephone Number
Enclosed is a check for the fe	ollowing amount:		
□ \$25.00 Filing Fee 1	\$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 Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

eaches/Launs For Life

New Registered Agent's Signature, if changing Registered Agent:		
Nam Danieland Assault Clauseum (C. L. D. C. L. D	City , Florida, Florida	Code
	, Florida	
	Enter Florida street address	
New Registered Office Address:		
Name of New Registered Agent:		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the na</u> <u>e</u> :	ame of the new
(Mailing address MAY BE A POST OFFICE BOX)	Lake Worth, FL 33454	
Enter new mailing address, if applicable:	P.D. BOX 540244	
(Principal office address MUST BE A STREET ADDRESS)	Lake worth, FL 3346	1
Enter new principal offices address, if applicable:	8214 Winnipesaulee W	24
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation	on "L.L.C."
Green HandSLLC		
A. If amending name, enter the new name of the limited liab	ility company here:	
This amendment is submitted to amend the following:		
Florida document number <u>L 16000114103</u> .		
The Articles of Organization for this Limited Liability Company	were filed on JUNE 13, 2010 an	d assigned

N

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title **Name** <u>Address</u> **Type of Action** Arce Powell 8214 Winnipesaulee Way _ 🗆 Add ☐ Change □ Add ☐ Remove □ Remove _□ Change ☐ Remove _□ Change ☐ Add □ Remove _D Change □ Add ☐ Remove ☐ Change

_	
_	
neffect <u>te:</u> If	e date, if other than the date of filing:
recor he 9	rd specifies a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the earlier 0 th day after the record is filed.
ed _	December 14, 2017
	Signature of a member or authorized representative of a member
	Book in D 11

Page 3 of 3

Filing Fee: \$25.00