

08/23/2016

12:46 PDT

TO: 18506176383 FROM: 5619650938

Page: 2

H160002094663

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : LEGACY TAX, INC.
Account Number : 120120000069
Phone : (561) 683-3000
Fax Number : (561) 965-0938

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

Email Address: LEGACYTAXCORPS@GMAIL.COM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG 23 PM 4: 35

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOMES & GARDENS, LLC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

AUG 24 2016

S. YOUNG

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H160002094663

08/23/2016

12:46 PDT

TO: 18506176383 FROM: 5619650938

Page: 3

H160002094663

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOMES & GARDENS, 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:

ARNALDO J COUCELO

Name of Person

LEGACY TAX, INC.

Firm/Company

1818 S AUSTRALIAN AVENUE, SUITE 202

Address

WEST PALM BEACH, FL 33409

City/State and Zip Code

LEGACYTAXCORPS@GMAIL.COM

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

For further information concerning this matter, please call:

ARNALDO J COUCELO

at (561) 683-3000

Name of Person

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

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

HOMES & GARDENS, 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 8/10/16 and assigned
Florida document number L16000149848.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

City

Florida

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

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15 AUG 23 AM 10:22

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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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|---------------------------|---|
| MGR | ARNALDO J COUCELO | 1818 S AUSTRALIAN AVENUE | <input checked="" type="checkbox"/> Add |
| | | SUITE 202 | <input type="checkbox"/> Remove |
| | | WEST PALM BEACH, FL 33409 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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16 AUG 23 2016
AM 10:22

H160002094663

Page: 6
H16000 2094663

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

N/A

16 AUG 23 AH 10:22

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 23 2016

Pablo Olavin

Signature of a member or authorized representative of a member

PABLO OLGUIN

Typed or printed name of signee

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