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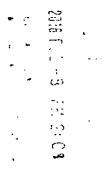
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## **COVER LETTER**

10: Registration Section Division of Corporations
SUBJECT: Kand R Lawn and Land Scape 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:
DAVID RENAMEN Name of Person
Firm/Company
5443 TANGERINE DR
NEW PORT RICHEY FL 34652 City/State and Zip Code
DRENAKER 52 B Yahoo 6 Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DAVID RENAMER at (727) 858-1615  Name of Person at (727) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status & Certificate of Stat

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

). Box 6327 Jahassee 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

Name of the Limited Liability Compa (A Florida Limited I	LANDSCAPE L.L.C. iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1 6 0 0 0 2 1 6 3 2 9</u>	were filed on $11/29/20/6$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  GULF COAST LAWDS CA  The new name must be distinguishable and contain the words "Limited Liabileted".	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	S443 TANGERINE DR NEW PORT RICHEY FL 3465
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	S443 TANGERINERA NEW PORT RICHEY FL34652
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
	D RENAKER
New Registered Office Address: \$443	TAN GERINE DR Enter Floridu street address
	City PLCHGY, Florida 34652 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 ----

Page 1 of 3

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 = M $AMBR = M$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		New Post RICher	FC 34653 Remove
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			Remove
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