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ALL CHESSEE FLORIDA

S Warren FEB 2 8 2017

## **COVER LETTER**

Division of Corporations
SUBJECT: All FLOTIDA Irrigation 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:
Henry Reese Name of Person  ALL FLORIDA I rightion LLC  Firm/Company  Address  Ft- Pierce FL. 34947  Lity/State and Zip Code  butta 9969 ball a gmail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Henry Reese at 772 323—1414  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Status Solution Status Solution Status Status Status Solution Status Status Solution Status Status Status Solution Status Status Status Status Status Status Solution Status

## 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

Liability Company as it now oppears on our records.)
Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number 470000l This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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 $AMBR = A$	anager uthorized Member		
Title	Name Hangy Roose	Address  ASIG Ava 1.0000	Type of Action
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
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	Signature of a mymber or authorized representative of a member
	Henry Reese
	Page 3 of 3
	Filing Fee: \$25.00

\$5