117000197560

(R	equestor's Name)	
(A	ddress)	
	······	
(A	ddress)	
·		
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(8	usiness Entity Name)
(L	ocument Number)	
•		
Certified Copies	Certificates of	f Status
Special Instructions to	Eiling Officer	
Opecial instructions to	oraning Officer.	
7	\$	
	: <u>**</u>	
. 🙅 🤞	∀.5 	
· Æ .	· ~	
	Office Use Only	
HOY 13	· · · · · · · · · · · · · · · · · · ·	
2	41	
-		



200305218902

11/14/17--01003--025 **25.00

17 NOV 15 PM 8: 37

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Inspired Lawn and Landscapes 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:
William Christopher Bailey
Inspired Lawn and Landscapes LLC Firm/Company
22514 NW 62 ave
Alachna F1. 32615 City/State and Zip Code Inspired landscapes @ hotmail.com Inspired landscapes @ hotmail.com
Inspired landscapes @ hotmail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
William C. Bailey at (352) 665-1454 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

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

Inspired Lawn and Landerage (Name of the Limited Liability Comple (A Florida Limited	ocs LLC any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on <u></u> <u></u> 9-35-/7	and assigned
Florida document number <u>L17000197560</u> .		
This amendment is submitted to amend the following:	·	
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		SECRETA TALLAHA
(Mailing address MAY BE A POST OFFICE BOX)		SSEE
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		80 LOR
Name of New Registered Agent:		
New Registered Office Address:) gar
	Enter Florida 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 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 **Type of Action** Address **Title** Name MGR William C. Bailey ☐ Remove ☐ Change □ Add □ Remove ☐ Change ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove Change □ Add □ Remove □ Change

		···········			, , , , , , , , , , , , , , , , , , , 	· · · · ·	
				,			
				· - -	<u>-</u> .		
		41					
				1.45			_
	.						_
			···	·			— <u>,</u>
							1
				,			5
							<u>.</u>
							P
							ထု ယု
						-	, -
		. <u>-</u>					_
			·				
						· · · · · · · · · · · · · · · · · · ·	
ective date, i	f other than the da s listed, the date must be	te of filing:			(option	al)	
<u>te:</u> If the date	s listed, the date must be inserted in this block tive date on the Depa	does not meet t	he applicable s				
	cifies a delayed e y after the record		but not an	effective time	e, at 12:01 a.r	n. on the ea	rlier o
ed		,	·				
	William (M	er or authorized	representative of a	memher		

Page 3 of 3

Filing Fee: \$25.00