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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

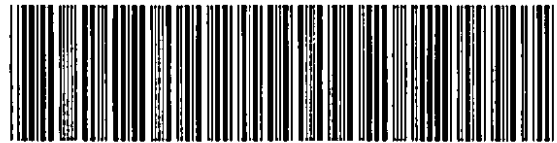
(Business Entity Name)

(Document Number)

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JAN 15 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Life's A Shrub, 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:

Christopher Lenoir
Name of Person

Firm/Company

152-15 Colley Dr
Address

Tavares, FL 32278
City/State and Zip Code

lifesashrub@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Lenoir at (407) 799. 9913
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

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

Life's A Shrub 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 JAN. 1, 2019 and assigned
Florida document number 605-0202.

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)

152-15 Colley Dr
Tavares, FL 32778

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

152-15 Colley Dr
Tavares, FL 32778

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:

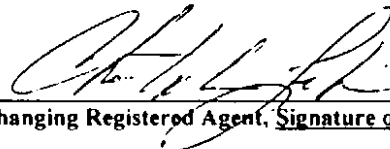
Christopher Lenoir

New Registered Office Address:

152-15 Colley Dr
Enter Florida street address
Tavares, Florida 32778
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Yajaira Rios	1964 Scrub Jay Rd	[#]Add
		Apopka, FL 32703	[#]Remove
			[#]Change
	CHRISTOPHER LENCIR	15215 COLLEY DRIVE	[#]Add
		TAVARES, FL 32778	[#]Remove
			[#]Change
			[#]Add
			[#]Remove
			[#]Change
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(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)

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

Dated Oct. 30, 2018

Signature of a member of authorized re

Signature of a member or authorized representative of a member

CHRISTOPHER LENOIR

Typed or printed name of signee