L17000231237

(Req	uestor's Name)	
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(City.	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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COVER LETTER

Div	ision of Corp	porations		
CUDIFOT.	BISMARK	LANDCARE, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Anthony J. Gargano		
			Name of Person	
		Anthony J. Gargano, P.A.		
			Firm/Company	
		2240 West First St., Suite	105	
			Address	
		Fort Myers, FL 33901		
			City/State and Zip Code	
		tgargano@garganolaw.com		
		t:-man address: (to be used for future annual report notifi-	cation)
For further in	nformation co	oncerning this matter, please er	all:	
Judy Perry			239 337-2280 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 F	iling Fee	S30.00 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

TO:

Registration Section

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

BISMARK LANDCARE, LLC		
(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/07/2017	and assigned
Florida document number L17000231237		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
BISMARCK LANDCARE, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
		3 6
Enter new mailing address, if applicable:		· ·
(Mailing address MAY BE A POST OFFICE BOX)		, <i>e</i> s
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	unter ritoriaa street address	
	, Florid	
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effect ote: li	e date, if other than the date of filing: <u>November 7, 2017</u> (optional) ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at it's effective date on the Department of State's records.
The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ıted	November 14, 2017. John P. Gangano Signature of a member of authorized representative of a member
	Joh P. Gargano
	Signature of a member or authorized representative of a member
	John P. Gargano

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Filing Fee: \$25.00