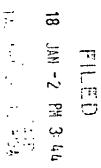
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





12/14/17--01021--006 ++25.00







December 15, 2017

JOYCE NASCIMENTO 7411 VICTORIA CIR ORLANDO, FL 32835 US

SUBJECT: LUKE'S HARDSCAPE LLC

Ref. Number: L17000244481

We have received your document for LUKE'S HARDSCAPE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 217A00025399

Judy A Leggett
Regulatory Specialist II
Registration Section

www.sunbiz.org

## **COVER LETTER**

SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JOYCE NASCIMENTO		
		Name of Person	
	-	Firm/Company	
	7411 VICTORIA CIR		
		Address	
	ORLANDO, FL 32835		
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	concerning this matter, please c	all:	
		at () Area Code Daytime	
Name c	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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:

TO:

Registration Section

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

LUKES HARDSCAPE LLC	
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited Liability Company were filed on Florida document number $\frac{L17000244481}{L17000244481}$ .	11/28/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan-	v here:
The new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2 1
	~ 🗂
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 ne
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address
	. Florida

#### 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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
MGR	WENDY LANDACTA	19120 LADY BUG LANE	
		GROVELAND, FL 34736	<b></b>
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<del></del>		-	
			☐ Remove
			Change
		<del></del>	
			☐ Remove
			Change
			Remove
			Change
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			Remove
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fective date, if other than the date of filing:	6.00	(opti	onal)		
in effective date is listed, the date must be specific and cannot be prior to di ote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	ate of filing or more e statutory filing re	than 90 days after equirements, thi	r Iiling. s date	) Pursu will no	ant to 605,020 of be listed a
record specifies a delayed effective date, but not ar The 90th day after the record is filed.	n effective tim	e, at 12:01 a	a.m.	on th	e earlier (
and the say area and record is med.					
ted <u>Eccente</u> 26 2017					
sted <u>i Coupt 26</u> 2017  May July Signature of a member or authorized					
pucas ten.	d roprocantation of	a mumbas			
Number of almomber or althorus		a michiner			

Page 3 of 3

Filing Fee: \$25.00