## LIECOURCE FORI

(Re	equestor's Name)	_
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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SECRETARY OF STATE

## **COVER LETTER**

TO:

	of Corporations
SUBJECT:	Valley crest Lands cape 1 LC
30B/RC1.	Name of Limited Liability Company
The enclosed Arti	icles of Amendment and fee(s) are submitted for filing,
Please return all c	correspondence concerning this matter to the following:
	South Light Name of Person
	Julley Crest landscape LC Firm/Company
	9820 Sunbeam Dr
	Address
	Wew Post Richar FL 34654  City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
	Name of Person at (813) 267-9914  Area Code Daytime Telephone Number
Enclosed is a chec	ck for the following amount:
\$25.00 Filing	Fee \$\Bigcup \$30.00 \text{ Filing Fee & }\Bigcup \$55.00 \text{ Filing Fee & }\Bigcup \$60.00 \text{ Filing Fee, }\Bigcup \$Certificate of Status & Certificate of Status & Certi
Registr Divisio P.O. Bo	Address: ation Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vallal(185t Lan	Iscape UC
(Name of the Limited Liability Compa) (A Florida Limited L	iny <u>as it dow appears on our records.</u> ) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $1-10-2-01$ and assigned
Florida document number <u>L18000009081</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
Average Toe Lands case LLC The new name must be distinguishable and contain the words "Limited Liability".	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	100
(Principal office address MUST BE A STREET ADDRESS)	
	A 22 A A
	30
Enter new mailing address, if applicable:	
•	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
-	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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			ALL DREE :
			ALLAHASSEE FLORIDS
			Remove
			Change
			□Add
			□Remove
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reffective date is listed te: If the date insert	er than the date of the date must be specified in this block does the on the Departmen	ic and cannot be pr not meet the app	licable statutory fil	more than 90 days after ing requirements, this	onal) filing.) Pursuant to 605.020 date will not be listed a
cord specifies a dela s filed.	yed effective date, bu	it not an effective	: time, at 12:01 a.n	n, on the earlier of: (b)	) The 90th day after the
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