11800013609

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(Ad	dress)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Village Gardener LLC Name of Limited Liability Company
Vitable 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:
Cynthia Murphy Name of Person
The Village Gardener LC Firm/Company
11499 Stoneville ct
Address
Spring Hill 7L 34609 City/State and Zip Code Cmur phy 1477@9ma_1. Com E-mail address: (to be used for future annual report notification)
Cmurphy 1477@gma, J. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cynthia Murphy at (352) 428-9038 Name of Person Area Code Daytime Telephone Number
Name of Ferson V Area Code Dayting Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$55.00 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

Name of the Limited Liability Compan (A Florida Limited Liability Companies)	Mew ly as it now appears iability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company of Florida document number 1800013609			_ and assigne	d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	signation "LLC" or the abbre	viation "L.L.C."	,
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				SE(
			A:0 R	AR AR
			30	TAR ASS
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	<u> </u>	— <u>—</u> ~
	 			
				Α Α
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, enter th	e name of t	<u>he inew</u>
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Flori	da street address		
	. Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obtained on my position as registered agent as a being filed to merely reflect a change in the registered office of	performance of i	ny duties, and I am fan	niliar with an	

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>Name</u> **Type of Action** <u>Title</u> <u>Address</u> Scott Murphy 11499 Stoneville ct Spring Hill 7 34609 Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove

	 	·-	Change
	 		Add
			Remove
			Change
			Add
	 		Change
f3			

If amending any othe	r information, ent	er change(s) here: (Att	ach additional sheets,	if necessary.)	
Remove	Scott	murphy	as CE	0.	
and (Thana c	Cynthia	Murphy	from C	EO
to Ma	rm.	,	(1	,	
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Effective date, if othe If an effective date is listed, Note: If the date inserte document's effective da	the date must be specified in this block does	ic and cannot be prior to date on the control of th	of filing or more than 90 d atutory filing requireme	_(optional) ays after filing.) Pursu nts, this date will no	ant to 605.0207 (3)(to be listed as the
The 90th day after	r the record is fi				
Dated 4/27		<u>, 2018</u> .			
Cy	thia /	2018. Comply of a member or authorized re Murphy Typed or printed name	presentative of a member		
Cyn	thia L	Murphy	of diamen		

Page 3 of 3

Filing Fee: \$25.00