# L18000131336

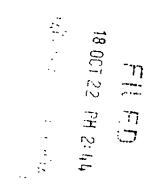
(Req	uestor's Name)	
(Add	ress)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

Division of Corp	orations		
SUBJECT: FAMILY	GROWER & NURSER	Y. LLC	
Sometr.		ted Liability Company	·
The enclosed Articles of A	emendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	,		
	MILIXA RAMIREZ		<del></del>
		Name of Person	
	FAMILY GROWER	& NURSERY, LLC	
		Firm/Company	
	2003 VISION DRIVE	<u>.</u>	
		Address	<del></del>
	PALM BEACH GAR		
		City/State and Zip Code	
	MILY16@MSN.COM		
	E-mail address: (te	be used for future annual report noti	fication)
For further information co	ncerning this matter, please cal	H:	
MILIXA RAMIREZ		<sub>at (</sub> 561 <sub>)</sub> 436-8688	
Name of	Person	Area Code Daytim	e Telephone Number
Restauration about for the	tallandan amanati		
Enclosed is a check for the	-	1.	
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)

TO:

Registration Section

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

		City	, Florid	a	octe	—
New Registered Office Address: N/A	Α	Enter Flori	da street address			
Name of New Registered Agent: N/A	Α		<del>.</del>	<u></u>		
registered agent and/or the new registered office ac	ddress here	e:	our records, <u>c</u>	ater the na		110.
B. If amending the registered agent and/or reg	nistered of	fice address on	our records e	ட்¦ு. nter the na	me of th	те печ
						<del></del>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	• • • • • • • • • • • • • • • • • • • •	<del></del>	
5 · · · · · · · · · · · · · · · · · · ·						;
Enter new mailing address, if applicable:		N/A			- CC	77
					22	
17 meipui office universi 1700 1 22 mei						
(Principal office address MUST BE A STREET ADI	DRESS)				<b>3</b>	
Enter new principal offices address, if applicable:		N/A				
The new name must be distinguishable and contain the words "I.	imited Liabili	ity Company," the de	signation "LLC" or	the abbreviatio	n"L.L.C"	
N/A		<u> </u>				
A. If amending name, enter the new name of the li	mited liabi	lity compa <u>ny he</u> i	<u>re</u> :			
This amendment is submitted to amend the following:	:					
Florida document number L18000131336						
The Articles of Organization for this Limited Liability	Company	were filed on 00	123/2010	and	d assigned	ı
( <u>Name of the Limited Liat</u> (A Flor	oility Compar ida Limited L	iv as it now appears jability Company)	on our records.)			
FAMILY GROWER & NURSERY,					_	

### 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>N</u> ame	Address	Type of Action
AMBR_	ESPINOSA, ORLINDA	2003 VISION DR	🗖 Add
		PALM BEACH GARDENS	<b>⊠</b> Remove
		FLORIDA, 33418	□ Change
<del></del>			Add
			Remove
			Add P Ti
			Add
			□ Remove
		<u> </u>	Change
			Remove
			Change
			Remove

rs	
<i>;</i> ;	
- <del>-</del>	
- <del></del>	
Pursuant	fective date, if other than the date of filing:

Page 3 of 3

Filing Fee: \$25.00