# L18000267725

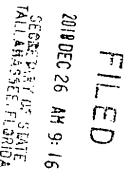
(Request	or's Name)
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#### **COVER LETTER**

	gistration Servision of Cor			
SUBJECT:		RSERY LLC		
Jobane I.		Name of Lim	ited Liability Company	<del></del>
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		LANDON TEEL		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		TEELS NURSERY LLC		
			Firm/Company	
		4092 FANNY BASS ROA	AD.	
			Address	
		SAINT CLOUD FL 3477	72	
			City/State and Zip Code	
		TEEL9899@AOL.COM	to be used for future annual report notif	
			·	ication)
For further i	nformation co	oncerning this matter, please co	all:	
LANDON 1	FEEL		407 552-2734	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
<b>■</b> \$25.00 I	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:

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

## TEELS NURSERY LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/01/19 \_\_\_\_\_ and assigned Florida document number L18000267725 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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

, Florida

\* 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>	<u>Address</u>	Type of Action
MGR	MALAYNA TEEL	4092 FANNY BASS ROAD SAINT CLOUD, FL 34772	
			□ Remove
			☐ Change
MGR	LESLIE TEEL	4092 FANNY BASS ROAD SAINT CLOUD, FL 34772	
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			☐ Change
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Note: If the date in	isted, the date must be spe iserted in this block doo we date on the Departmo	es not meet the applica	able statutory filing re	than 90 days after fifing equirements, this date	g) <u>P</u> arsuar e will not	tion 605.0207 ( be listed as t
	ies a delayed effec after the record is		t an effective tim	e, at 12:01 a.m.	on the	earlier of:
Dated						
Dated	1-11	<u></u>	<del>_</del> ·			
	// // Signate	ire of a member or autho	orized representative of	a member		
LANDO			,			
LANDO	ON TEEL.	Typed or printe	d name of signee	<del></del>		

Page 3 of 3

Filing Fee: \$25.00