

7/17/2019

L19000127217

Florida Department of  
Electronic Filing Cover Sheet

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((H19000202840 3))



H190002028403ABC-

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ANTHONY OLSON P.A.  
Account Number : 1201700000974  
Phone : (941)362-7100  
Fax Number : (941)362-7107

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GULF BREEZE HOME & GARDEN SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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TALLAHASSEE, FL

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11:51:17

Electronic Filing Menu Corporate Filing Menu Help

# Second Request

First request sent 07-01-2019

(H19000202840 3)

(H19000202840 3)  
**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Gulf Breeze Home & Garden Services, 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 05/10/2019 and assigned Florida document number L19000127217.

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 "L L C"

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*

\_\_\_\_\_, **Florida**  
*City Zip Code*

**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

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If amending Authorized Persons) authorized to manage, enter the title, name, and address of each person being added or removed from the system:

AMGR = Manager  
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Ursula Johnen	Sulzer Strasse 19	<input type="checkbox"/> Add
		72135 Dornhan-Weiden	<input checked="" type="checkbox"/> Remove
		Germany	<input type="checkbox"/> Change
AMBR	Uschi Johnen	Sulzer Strasse 19	<input checked="" type="checkbox"/> Add
		72135 Dornhan-Weiden	<input type="checkbox"/> Remove
		Germany	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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