

122 000064327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

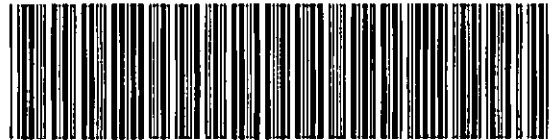
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400382065344

02/24/22--01003--010 **25.00

22 FEB 24 PM 8:39

T. MATTHEWS

MAR - 4 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: QUALITY IRRIGATION PLANTS, LLC

Name 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:

WENDY CARSON

Name of Person

QUALITY IRRIGATION, INC.

Firm/Company

PO BOX 251

Address

PORT ORCHARD, WA 98366

City/State and Zip Code

QUALITYIRRIGATOR@MSN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WENDY CARSON

407

886-7676

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

22 FEB 01 2022 8:39

QUALITY IRRIGATION PLANTS, 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 FEBRUARY 7, 2022 and assigned
Florida document number L22000064327.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

City, **Florida**

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

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>	<u>Type of Action</u>
AMBR	QUALITY IRRIGATION, INC.	9300 CONROY WINDERMERE ROAD, UNIT 1556 V	☐ Add
			☐ Remove
			☐ Change
AMBR	WENDY CARSON		☐ Add
		PO BOX 251, PORT ORCHARD, WA 98366	☒ Remove
			☐ Change
AMBR	JONATHAN SIMPKINS		☐ Add
		PO BOX 1556, WINDERMERE, FL 34786	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ 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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	QUALITY IRRIGATION, INC.	9300 CONROY WINDERMERE ROAD, UNIT 1556	☒ Add
		WINDERMERE, FL 34786	☐ Remove
			☐ Change
AMBR	WENDY CARSON		☐ Add
		1125 BETHEL AVE., UNIT 251	☒ Remove
		PORT ORCHARD, WA 98366	☐ Change
AMBR	JONATHAN SIMPKINS		☐ Add
		9300 CONROY WINDERMERE RD., UNIT 1556	☒ Remove
		WINDERMERE, FL 34786	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: 02/07/2022 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated **FEBRUARY 17** 2022

Signature of a member or authorized representative of a member

WENDY CARSON

Signature of a member or authorized representative of a member

WENDY CARSON

Typed or printed name of signee

Filing Fee: \$25.00