123000013475

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Se Division of Cor			
empri	ect. Mise's	MIIDSEDV II Č		
2081	CI: VVISES	NURSERY, LLC Name of Lim	uited Liability Company	
The en	clused Articles of	Amendment and fee(s) are sub	mitted for filing	
Please	return all correspo	oudence concerning this matter	to the following:	
		Corpor	ate Maintenance Le	ead
			Name of Person	
		Proc	essing Department	
			Firm/Company	
		•	1450 Vassar St	. 5
			Address	
			Reno, NV 89502	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report not	fication)
For fur	ther information c	oncerning this matter, please c		် ကိ
	Process	ing Department		
		f Person	a(e Telephone Number
Enclos	ed is a check for th	ne following amount:		
☑ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpo Clifton Building	on rations
	Tallaha	issee, FL 32314	2661 Executive Ca	enter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

WISE'S NURS		
(Name of the Limited Liability Company (A Florida Limited Limi	ag it now appears on our records.) bility Company)	_
The Articles of Organization for this Limited Liability Company we	ere filed on <u>01/05/23</u> and	assigned
Florida document number L23000013475		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ry 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:	3.5	
(Principal office address MUST BE A STREET ADDRESS)	<u>- E. va</u>	•
-	ω	
Enter new mailing address, if applicable:	. 27	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on our records, enter the nan	ne of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	de
	•	

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>	Address	Type of Action
MGR	Justin P. Wise	2128 Marion County Rd	🗹 Add
		Weirsdale, FL 32195	Remove
			Change
MGR_	Charles W. Webb Jr.	2128 Marion County Rd	☑ Add
		Weirsdale, FL 32195	Remove
		.:	Change \ Add
		· · · · · · · · · · · · · · · · · · ·	TRemove
			Change
			🗀 Add
			Add Remove
			Change
			🗆 Add
			_ □ Remove
			Change
			O Add
			_□ Remove
			_□ Change

(b) The	ord specifies a delayed effective 90th day after the record is filed $6-7-2023$	i.			he earlier of:
Note: 1	e date, if other than the date of filing tive date is listed, the date must be specific as f the date inserted in this block does not not's effective date on the Department of	nd cannot be prior to date to meet the applicable sta	of filing or more than 90 days a	ptional) ifter filing.) Purs this date will i	numt to 605.0207 (3 not be listed as th
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Typed or printed name of signee

Filing Fee: \$25.00