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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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JUN 11 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Landscapes Management Company, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Liz Uzdill

Name of Person

Landscapes Golf Management, LLC

Firm/Company

1201 Aries Drive

Address

Lincoln NE 68512

City/State and Zip Code

luzdill@landscapesunlimited.com

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

For further information concerning this matter, please call:

Liz Uzdill

Name of Person

at ( 402 ) 420-8237

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Landscapes Management Company, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M09000004663

3. Jurisdiction of its organization: Nebraska

4. Date authorized to do business in Florida: November 30, 2009

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Landscapes Golf Management, LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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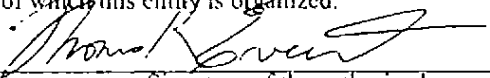
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		_____	<input type="checkbox"/> Remove
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

THOMAS R. EVERETT  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

# STATE OF NEBRASKA

United States of America,     } ss.  
State of Nebraska               }

Secretary of State  
State Capitol  
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the  
State of Nebraska, do hereby certify that

**LANDSCAPES MANAGEMENT COMPANY, LLC**

a Limited Liability Company organized on October 22, 2009 filed an  
Amendment to the Certificate of Organization on May 3, 2019 changing the  
name of the company to

**LANDSCAPES GOLF MANAGEMENT, LLC**

I further certify that attached is a true and correct copy of the above  
mentioned Amendment to the Certificate of Organization.

*This certificate is not to be construed as an endorsement,  
recommendation, or notice of approval of the entity's financial  
condition or business activities and practices.*

In Testimony Whereof,

I have hereunto set my hand and  
affixed the Great Seal of the  
State of Nebraska on this date of

May 22, 2019

*Robert B. Evnen*

Secretary of State



# AMENDED CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Submit in Duplicate

Robert B. Evnen, Secretary of State  
P.O. Box 94608  
Lincoln, NE 68509  
(402) 471-4079  
[www.sos.ne.gov](http://www.sos.ne.gov)

Name of Limited Liability Company Landscapes Management Company, LLC

Date Certificate of Organization was filed October 22, 2009

**Please mark the changes this amendment makes to the certificate as most recently amended or restated and provide the appropriate changes.**

☒ Name of Limited Liability Company Landscapes Golf Management, LLC

☐ Professional Service being rendered by the Limited Liability Company

☐ Street and mailing address of the Designated Office

☐ Name of Registered Agent

☐ Street, mailing address and post office box (if any) of Registered Agent

☐ Any other changes to the certificate of organization

(attach additional pages if needed)

Effective date if other than the date filed \_\_\_\_\_



Signature of Authorized Representative

John Pugliese

Printed Name of Authorized Representative

5.2.2019


Date

### CONSENT TO USE NAME

The undersigned hereby consents to the use of the name "LANDSCAPES GOLF MANAGEMENT, LLC" by Landscapes Management Company, LLC, a Nebraska limited liability company.

Dated as of: May 1, 2019.

Landscapes Golf Group, LLC,  
a Nebraska limited liability company

By:   
John Pugliese, Manager