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Office Use Only



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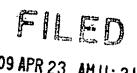
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COVER LETTER

TO:	Registration Se Division of Cor		, , , , , , , , , , , , , , , , , , ,	
SHRII	ecr. R+S	RENOVATION	US LLC	
00100	. <u> </u>		nited Liability Company)	
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please	return all correspo	ndence concerning this matter	r to the following:	
		ROGER	GALLIHER (Name of Person)	
			NOVATIONS LLC (Firm/Company)	
		<u>1147 E</u>	MILYS WALK LA (Address)	J E
		<u>JACK SON</u>	VILLE FL. 3222 (City/State and Zip Code)	<u>/</u>
	ther information c	oncerning this matter, please o		
R	OGER GAL	L HER of Person)	at (<u>904</u>) <u>704 – 318</u> (Area Code & Daytime T	Celephone Number)
Enclos	ed is a check for th	e following amount:		
E \$25	5.00 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)
•	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RESOURTIONS LLC SECRETARY OF STATE TALLAHASSEE FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

;		1 1	
The Articles of Organization for this Limited Liability	Company were filed on _	4/25/2005	and assigned
Florida document number	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company h	ere:	
R+S LAWN CARE L	LC		
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Com	pany," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD)	DRESS)		
	<u></u>		
	,		
Enter new mailing address, if applicable:	- · · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)	·		· · · · · · · · · · · · · · · · · · ·
D. If any allow the surface of a surface of		•	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, enter th	e name of the new
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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title Address Type of Action Name Add Remove ☐ Remove _ Add ☐ Remove ☐ Add Remove _ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 2157, 2009

Pose D. Balliker

Signature of a member or authorized representative of a member ROGER D. GALLIHER
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00