

LD50000121886

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(Address)

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(City/State/Zip/Phone #)

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JUL 18 2008

EXAMINER



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08 JUL 17 PM 4:16

SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACTION SOD NURSERY, 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:

GABRIEL TORRES

(Name of Person)

ACTION SOD NURSERY LLC

(Firm/Company)

2520 CORAL WAY . SUITE 1-368

(Address)

MIAMI FL 33145

(City/State and Zip Code)

For further information concerning this matter, please call:

GABRIEL TORRES

(Name of Person)

at (786) 3331541

(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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 JUL 17 PM 4:16

ACTION SOD NURSERY 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 DEC 22, 2005 and assigned Florida document number L05000121886.

This amendment is submitted to amend the following:

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

ASN HORSE COUNTRY LLC.

The new name must be distinguishable and end with 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)

2520 CORAL WAY. SUITE 2-368
MIAMI FL 33145.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2520 CORAL WAY SUITE 2-368
MIAMI FL 33145

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:

GABRIEL TORRES

New Registered Office Address:

2520 CORAL WAY SUITE 2-368

(Enter Florida street address)

MIAMI FL 33145

(City)

Florida 33145

(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 Changing Registered Agent, Signature of New Registered Agent)

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CAMEI INVESTMENT GROUP LLC	9786 NW 29 TER MIAMI FL 33172	☐ Add ☒ Remove
MGRM	CAMEI INVESTMENT GROUP LLC	2520 CORAL WAY SUITE 2-36B MIAMI FL 33146	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated JULY 2ND, 2008

Signature of a member or authorized representative of a member

CARTEL TORRES

Typed or printed name of signee