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EXAMINER



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COVER LETTER

SUBJECT: ACTION SOD NURSERY LLC (Name of Limited Liability Company)	
(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:	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,	
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)	ed)

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

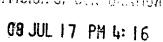
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STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF



ACTION SOD NURSER (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records. ability Company)			
The Articles of Organization for this Limited Liability Company	were filed on <u>DEC 22 2005.</u> and assigned			
Florida document number <u>L 05 000 121 886</u> .	,			
This amendment is submitted to amend the following:	·			
A. If amending name, enter the new name of the limited liabil	lity company here:			
ASN HORSE COUNTRY LLC.				
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	2520 CORAL WAY. SUITE 2-368			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33145.			
Enter new mailing address, if applicable:	2520 CORAL WAY SUITE 2-368			
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33145			
B. If amending the registered agent and/or registered office address here				
Name of New Registered Agent: 6ABRI	EL TORLES			
New Registered Office Address: 2520				
	(Enter Florida street address)			
Mi	<u>FL 33/45</u> , Florida <u>33145</u>			
	(City) (Zip Code)			
Now Degistered Agent's Conneture if changing Degistered Agents				

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

Page 1 <u>of 2′</u>

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 = N	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
M6RM	CAME! INVESTMENT GROUP. LIZ	9786 NW 29 TER MIAMI FL 33172	Add Remove
<u>mgrm</u>	<u> LAMÉT INVESTMENT GROUP LLC</u>	2520 COLAL WAY SUITE 2-368 MIRM FL 33145	Add Remove
			Add Remove
	······································		Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessar	·y.)
_			
	JULY 2 ND , 700	18	
	Signature of a member	or authorized representative of a member	
	CATATO	TORRES	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00