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

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

10 MAR 24 PM 2: 01

COVER LETTER

TO:

TO:	Registration S Division of Co					
SUBJE	ect:	DM10 LAV	N SERVICES LLC			
30 D 01		Name of Lin	nited Liability Company		_	
The en	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please	return all corresp	ondence concerning this matte	er to the following:			
			Ronald F DeCanio			
			Name of Person			
		DM1	0 LAWN SERVICES LL	-C		
			Firm/Company			
			312 W. 1st Street		20.1 TA	
		- ',	Address		PLA BCR BHO	77
			Sanford/FL 32771		R 21	
			City/State and Zip Code		— SEE O	1
			lmcorp10@gmail.com		2010 HAR 24 PM 2: 04 SECKETARY OF STATE TALLAHASSEE, FLORID	
			(to be used for future annual report	notification)	- 1	
For fur	ther information	concerning this matter, please	call:		: रह	
	Ron	ald F DeCanio	at (_407)	697-3085		
	Name	of Person		aytime Telephone Num	ber	
Enclose	ed is a check for t	the following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	Certifi losed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enc	losed)
	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327	Registration S Division of Co Clifton Buildi	orporations ng		
	Tallah	assee, FL 32314	2661 Executiv	ve Center Circle		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DM10 LAWN SERVICES LLC

(Name of the Limited Liability Com (A Florida Limite	pany as it now app d Liability Compan	ears on our records.) y)		
The Articles of Organization for this Limited Liability Compa Florida document numberL10000020791	any were filed on _	February 24, 20	10 and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	lability company l	nere:		
Roll Enter	prises, LLC			
The new name must be distinguishable and end with the words "Li"L.L.C." Enter new principal offices address, if applicable:	imited Liability Con	npany," the designation	"LLC ar the abbrevi	atio
(Principal office address <u>MUST BE A STREET ADDRESS)</u>	1		SST P	_
Enter new mailing address, if applicable:			PM 2: 04 OF STATE E. FLORIO:	
(Mailing address MAY BE A POST OFFICE BOX)				_
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		n our records, enter	the name of the	nev
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street a	ddress	_
		, 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:

			Add Remove
			Add Remove
			Remove
		-	
			Remove
			Add Remove
			AHA MAdd
			Remajore
<u>_</u>			PAdd Dri Fremove
If amendin	og any other information, en	ter change(s) here: (Attach additional sheets	p-
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		· · ·	
ted	March 19	<u>2010</u> .	
_	flaut fl	f a member or authorized representative of a mem	

Page 2 of 2

Filing Fee: \$25.00