## L63000052205

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAR 2 4 2008

**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corpo	
SUBJECT:T &	L Sod, LLC
	(Name of Limited Liability Company)
	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	Chad Tucker
	(Name of Person)
	T & L Sod, LLC
	(Firm/Company) 3464 O"Berry Road
	(Address)
	Kissimmee, FL 34746
	(City/State and Zip Code)
For further information con	ncerning this matter, please call:
Chad	Person) at (407) 908-6989  (Area Code & Daytime Telephone Number)
(Name of	Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the	following amount:
X]\$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)  Certified Copy (additional copy is enclosed)
Registrati	G ADDRESS:  on Section  of Corporations  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T & L Sod, LLC

(Name of the Limited Liabili	ty Company as it now apper	ars on our records.)	<u> </u>
( <u>Name of the Limited Liabili</u> (A Florida	Limited Liability Company)	)	
The Articles of Organization for this Limited Liability	Company were filed on	12/11/03	and assigned
Florida document number L0300052205			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	ere:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Comp	pany," the designation	"LLC" or the abbreviation
Name of New Registered Agent:			
New Registered Office Address:	(Enter Florida street address)		
	, Florida		
	(City)		(Zip Code)
N. B. L. S.	ad 4		
New Registered Agent's Signature, if changing Registere	eu Agent:		

(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>	Type of Action
MGRM	. Clark Tucker	6033 Oak Bend St #11110	Add
		Orlando, Fl 32835	Remove
<del></del>			Add Remove
			Add
			Add
			Add Remove
<del></del>	<u></u>		AddRemove
D. If amend	ling any other information, ent	er change(s) here: (Attach additional sheets, if necessary	MAR 2
			CORPORATIONS  CAMPORATIONS  AM 11: 08
Dated	3-13-08	THS	<del></del>
	Signature of Chad Tuck		<del></del>
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00