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C. LEWIS FEB - 9 2011 **EXAMINER**

COVER LETTER

TO: Registration Sect Division of Corpo	
~	Treen Scapes, LLC Name of Limited Liability Company
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.
Please return all correspond	lence concerning this matter to the following:
	Jason White Name of Person
	Firm/Company 401 EL Destinado Dr. Address
	Address
	Address To lahassee, F-L 323/2 City/State and Zip Code E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information con	cerning this matter, please call:
Name of P	erson at () 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) 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

FIN # 27-0693368

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

11 FEB -9 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

breenscapes (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 $\frac{5}{11/2}$ and assigned Florida document number <u>4.0 40000 3 561.0</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Green scapes Design 3 Company LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

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

MGR = Mana MGRM = Ma	iger naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jason White	401 El Destrud Tallalessee Fl 3	Of We Add
·			Add Remove
			- D
			Add Remove
————			Add Remove
			Add Remove
D. If amendin	ng any other information, enter ch	ange(s) here: (Attach additional sheets, i	if necessary.)
			SECULIANAS SEE
Dated Z/	Aux C Wis		M 2-16 OF STATE E.FLORIDA

Page 2 of 2

Filing Fee: \$25.00