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TALLAHASSEE, FLORIDA

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRS'	<u>T</u> : The name of the limited liability company is: mont Mowers & Equipment, LLC		
SECC	***		
(CF	HECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT		
	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Article VI - Operating manager shall be: Marvin Kenneth Boykin, 14715 Green		
	Valley Blvd. , Clermont, FL 34711.		
	Article X - Members - Marvin Kenneth Boykin, sole member of the company		
	<u>OR</u>		
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction is as follows:	04 OCT 1	
		5 P.	
	TO REPORT	2:0	
		CO	
Dated:	10-13 04		
	Signature of a member or authorized representative of a member		
	Typed or printed name of signee		
	Typed of printed name of signee		
	Filing Fee: \$25.00		

Certified Copy:

\$30.00 (optional)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limit	ed liability company is:	rmont Mowers & Equ	pment, LLC	
2. The mailing address of	of the limited liability compar	y is: 1035 W. State	Rd 50	
Clermont, Fl 34711				
9/29/04		L0400007098	32	'
3. Date of filing/registra	tion in Florida	4. Document nu	umber	
5. The name of the regist Florida Department of	ered agent and the registered State: Bette J. Cucanich	office address as shown	on the records of t	he
	Nan 1035 W. State Rd. 50			•
	Addr Clermont, FL 34711		_	
	City, State	and Zip		` - *,
6. The name and address	of the new registered agent a	nd/or office:		**
	Marvin Kenneth Boykin			
	1035 W. State Rd 50		TAL	40
	Florida street address (P.C			图 7
	Clermont FL	34711	_ AS	= =
	City, State a	nd Zip		. O [11
confirmed that after the c and the business office of liability company, it is he the members of the limite	npany is not organized under hange or changes are made, to the registered agent will be irreby confirmed that the changed liability company or as other the limited liability company.	he Florida street address dentical. Or, in the case ge(s) was/were authorize erwise provided in the a	s of the registered o e of a Florida limite ed by an affirmedy	offic es e voke of
(Signature of a member of author	rized representative of a member)			
(Printed or typed name of signee	,			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered agent a ns of all statutes relative to th nd accept the obligations of m this document is being filed to n that the limited liability con	nd agree to act in this c e proper and complete y y position as registered o merely reflect a chang pany has been notified	apacity. I further of performance of my lagent as provided te in the registered in writing of this cl	igree to duties, for in office iange.
(Signature of Registered Agent)	Bole	<u>-</u>		
Divisio	on of Corporations, P.O. Bo	x 6327, Tallahassee, F	L 32314	
INHS18(10/99)	FILING FE	CE: \$25.00		