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(Re	equestor's Name)			
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PICK-UP	MAIT	MAIL		
	isiness Entity Na			
(Do	ocument Number)		
Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			
	A. L	UNT		
SEP -1 2010				
EXAMINER				

Office Use Only



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COVER LETTER

TO: Registration Division of C					
SUBJECT:	Lipsey's Law				
		ited Liability Company			
	of Amendment and fee(s) are sulpondence concerning this matter	<u>*</u>		· ·	
		Bryon Lipsey			
		Name of Person		The 21	
•	Lipsey	's Lawn and Irrigation LLC		2011 AUG 31	
		Firm/Company		3	September 1
		5814 Chapman		94 -	11
		Address		75 A	A. Land
	New	V Port Richey, FL 34652		PH 12: 24	
	1101	City/State and Zip Code		`}i.s=	
	E-mail address: (to be used for future annual report notific	aition)		
For further information	concerning this matter, please c	·			
E	Bryon Lipsey	at (727)	358-5555		
	of Person	Area Code & Daytime		·····	
Enclosed is a check for	the following amount:				
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
	LING ADDRESS:	STREET/COURIE Registration Section			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lipsey's Lawn ar	<u>nd Irrigation L</u>	.LC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appea Liability Company)	irs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	04/07/2005) 	_ and assigned	
Florida document numberL0500035028					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company he	re:			
Bryon Lips					
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Comp	any," the designation	on "LLC"		breviation
Enter new principal offices address, if applicable:	5814 Chapm	nan	Pe	2010 A	graphic a make
(Principal office address MUST BE A STREET ADDRESS)	New Port Ri	chey, FL 3465	2 ే	AUG 3	Prostructor Amelinas
			6525 65-2		
Enter new mailing address, if applicable:			1870 mm	PH 12:	
(Mailing address MAY BE A POST OFFICE BOX)			100 mg 120. 100 127	<u>2</u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, ent	er the i	name_of	the new
Name of New Registered Agent:					
New Registered Office Address:					
	E	nter Florida stre <mark>e</mark> t	address	•	
	, Florida				
	City		Z	ip 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 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 Type of Action <u>Title</u> <u>Name</u> Address ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove |₩dd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 28 2010 Dated ____ or authorized representative of a member Bryon Lipsey Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00