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10 APR -2 PH 1: 40
SEGRETARY OF STATE
SEGRETARY OF STATE
ANASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Green Plant-It Land Scaping on Irrigation, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jay Hicks Name of Person
Firm/Company
4519 Hardaway Hwy.
Chattahoochee FL 32324 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tay Hills at (850) 699-3582 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & \text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED 10 APR -2 PM 1:40

	OF	CC 200 2 FM 1: 40
(Name of the Limited Liab	H LANDSCAPING Colling to the Landscape on da Limited Liability Company)	TALLAMARE OF STATE COUR records.
The Articles of Organization for this Limited Liabilit	y Company were filed on	18/05 and assigned
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
	• • • • • • • • • • • • • • • • • • • •	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter I	Torida street address
		, 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 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 = M	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
M <u>GRM</u>	<u>Roberto De Andq</u>	151 E. Mallard Creek Pd. Freeport, FC 30439	Add Remove
M <u>&RM</u>	Francisco Montelago	151 E. Mallard (reck, Rd Freeport, FC 32439	Add Remove
- (2.4 g. 4.4			Add Remove
nohm	Threasa D. Bryan	1740 McKee Rd. DEFUNIGHSPAS. FJ. 32433	Add
MORM	Sandra W. Bryan	1740 Mckee Bd. DeFuniak Spgs. Fr.	Add Remove
D. If amen	ding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	Add Remove
			<u>.</u>
			FILED 10 APR -2 PM I: SECRETARY OF STA VALLAHASSEEJFLOR
Dated	<u> 3-30 , 20,</u>	<u>′O_</u> .	I: LO PATE ORIDA
	X Jany-	THE	
	Signature of a member of	or authorized representative of a member	
		r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00