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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE

BA. Thomas MAR 1 U 2008

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Gold Star Lawn Care, LhC (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:
Elsie Chouinard  (Name of Person)  Rand the Clack Accounting Lac  (Firm/Company)  P.O. Box 916  (Address)  (City/State and Zip Code)
For further information concerning this matter, please call:  For further information concerning this matter, please call:  at (94) 966-7893  (Area Code & Daytime Telephone Number)
Englosed is a check for the following amount:  \$25.00 Filing Fee \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

## 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 OF

Gold Sta	an Lawn Ca	re LLC	
( <u>Name of the Limifed</u> (A	<b>Liability Company as it now appears o</b> Florida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Lia Florida document number	ability Company were filed on	30 06 and assignment	gned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here:		
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Company,"	-	breviation  the new T
B. If amending the registered agent and/o registered agent and/or the new registered off		records, enter the name of	一面
Name of New Registered Agent:	Elsie PC	Duinard &	PH 4: 03
New Registered Office Address:	STATE CAPER	Florida street address)	
	Savasot-A	, Florida <u>3423</u> (Zip Code,	<u>3</u>

### 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 Title Type of Action Name Address Remove Add Remove ∏Add Remove □]Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00