Lilding Stang

(Re	questor's Name)			
(Address)				
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 25, 2014

RAY COOPER 3304 AMBASSADOR AVE SPRING HILL, FL 34609

SUBJECT: EARTH FRIENDLY CONTRACTING, LLC

Ref. Number: L06000098629

We have received your document for EARTH FRIENDLY CONTRACTING, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLE". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L14000125653.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 214A00025017

COVER LETTER

Division of Corp				
SUBJECT: <u>EART</u>	A Friendly Con- Name of Lim	tracting LLC ited Liability Company		
	Amendment and fee(s) are subndence concerning this matter	_		
	Ray (o	Name of Person		
	Earth Fr	Firm/Company		
	3304 Am	NONSSADOR PUR	2014 DEC	T
	Spring H	City/State and Zip Code		1
	E	FCRAY OME	Edition) 3: 5	
For further information co	ncerning this matter, please ca	all:	• : .	
Ray C	oo Per Person	at (352) 232- Area Code Daytime	113 4 Telephone Number	
Enclosed is a check for the	e following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & 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

TO ARTICLES OF ORGANIZATION OF

CARTIT TIENCY (Name of the Limited Li	iability Company as it now appears on our relorida Limited Liability Company)	ecords.)	
(AF	lorida Limited Liability Company)	•	
The Articles of Organization for this Limited Liabil	ity Company were filed on 10 \	2006 and assigned	
Florida document number <u>L06000986</u>	<u> 29</u> .		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:	→正	
EARTH Friendly Property The new name must be distinguishable and end with the word			
Enter new principal offices address, if applicable	· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STREET A	DDRESS)		
	 	201 4	
Enter new mailing address, if applicable:		S S S S S S S S S S S S S S S S S S S	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	3 7	
		5° 0	
D. If amounting the registered execut and/on a	ranistanad affica addusar an ann na	5	
B. If amending the registered agent and/or a registered agent and/or the new registered office	O .	cords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_	<i>O</i> :	_, 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 605, 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

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** _□ Remove □ Add □ Remove ☐ Remove □ Remove _ 🗆 Add _□ Remove

Page 3 of 3

Filing Fee: \$25.00

