L06000099236

| (| Requestor's Name) | _ |
|----------------------|-----------------------|-----------------|
| | | |
| | (Address) | |
| | | |
| | (Address) | |
| | · | |
| | City/State/Zip/Phone | <u>*</u> |
| (| Only/Otale/Zip// Hone | "') |
| PICK-UP | WAIT | MAIL |
| | | |
| (| Business Entity Nam | e) |
| | | |
| | Document Number) | |
| · | , | |
| Certified Copies | Cortificatos | of Statue |
| Certified Copies | Certificates | or Status |
| | | |
| Special Instructions | to Filing Officer: | |
| | | |
| | | |
| | • | |
| | | |
| | | } |
| | | į |
| | | ľ |
| | | |

Office Use Only



700200645187

04/08/11--01008--012 **25.0

OIVISION OF CORPORATIONS 11 APR -8 PH 3 03

N. Cuttigan APR 1 1 2011

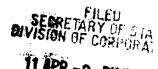
COVER LETTER

| TÓ: | Registration Se Division of Con | | | |
|-------------------------------|------------------------------------|--|---|--|
| SUBJE | CT: | Golf Irrigat | tion Services, LLC | |
| | | | ited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are su | bmitted for filing. | |
| Please re | eturn all correspo | ondence concerning this matter | r to the following: | |
| | | | Robert Garrison | |
| | | | Name of Person | |
| Firm/Comp | | firrigation Services, LLC | | |
| | | | Firm/Company | |
| | | | PO Box 1142 | |
| • | | | Address | |
| | | Lak | ke Alfred / Florida 33850 | |
| | | | City/State and Zip Code | |
| golfirrs E-mail address: (| | golfirrs E-mail address: (| servbob@embarqmail.com to be used for future annual report notific | ation) |
| For furth | er information c | oncerning this matter, please o | | · |
| | Rot | pert Garrison | at (321) 3 | 22-8547 |
| | Name of | f Person | Area Code & Daytime | Telephone Number |
| Enclosed | is a check for th | e following amount: | | |
| \$25.0 | 0 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Sectificate of Status & Certified Copy (additional copy is enclosed) |
| | MAILI | NG ADDRESS: | STREET/COURIE | R ADDRESS: |

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

STREET/COURIER ADDR.
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| Golf Irrigation (Name of the Limited Liability Compa (A Florida Limited L | Services, LLC | | | |
|--|---|------------------------|--|--|
| . (A Florida Limited L | Liability Company) | | | |
| The Articles of Organization for this Limited Liability Company | were filed on October 11, 200 | 6 and assigned | | |
| Florida document number L06000099236 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | |
| | | | | |
| The new name must be distinguishable and end with the words "Limi "L.L.C." | ted Liability Company," the designation ' | 'LLC" or the abbreviat | | |
| Enter new principal offices address, if applicable: | 408 WGTO Tower Road | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Lake Alfred | | | |
| | Florida 33850 | | | |
| | | | | |
| Enter new mailing address, if applicable: | PO Box 1142 | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Lake Alfred | | | |
| • | Florida 33850 | | | |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: | | | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida 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 at 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 Mana or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-----------------------------------|---|-----------------------|
| MGR | James Grenkoski | 1098 Oakpoint Circle Apopka, Florida 32712 | Add Remove |
| MGR_ | Robert Garrison | PO Box 1142 Lake Alfred, Florida 33850 | Add Remove |
| | | | Add Remove |
| D. If amend | ling any other information, enter | change(s) here: (Attach additional sheets, if necessary.) | - - - |
| | | | Mision of Composition |
| | · | | PAR SO OS |
| Dated | April 5 Robot Da | | - 3 जिल्ह |
| | Signature Of a f | Robert Garrison | |
| | | Typed or printed name of signee | |
| | | Page 2 of 2 | |

Filing Fee: \$25.00