## L06000122169

(Re	questor's Name)	
(Ad	dress)	
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(Cit	, y/State/Zip/Phone	e #)
PICK-UP	. WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Four Seasons Law care (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:	
Cromwell Harris (Name of Person)	
Four Slasons Lawncare (Firm/Company)	
2035 Northcliff Street	DIVISION OF CL
Orlando II 32833 (City/State and Zip Code)	DF CORPORATION
For further information concerning this matter, please call:	0: <b>1:</b> 5
Cromwell Harvis at (407) 928-0858 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	

\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

\$60.00 Filing Fee, Certificate of Status &

(additional copy is enclosed)

Certified Copy

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fair Seasons Lawn cave, Lic
(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on December 27, 200 and assigned document number 100000122169	
SECOND:	This amendment is submitted to amend the following:  Would like to ammend the follow!  O Add the listed names to Article of the Organization as managing members Charles Lewis  Sabrenia Kelley-Lewis  DChange the business name to:  Four Seasons Landscape Designs  and Services, Lee	SECRETARY OF STALE
Dated	Signature of a member or authorized representative of a member  Cromucal Harris  Typed or printed name of signee	

Filing Fee: \$25.00