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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FEB 18 PH 3: 5

## **COVER LETTER**

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: 1st Co	ontinental Ma	ortgage at metro	owed LLC.
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Cecili	Name of Person	<u> </u>
			and Landscoping LLC
	2816 E 1	lobenson st	
	Drlando	FL 32803. City/State and Zip Code	
	Cecclea m	ntg e gmail.com	7.
For further information cor	ncerning this matter, please c	all:	
Cecelica Va	ldivieso	at (407) 715 14 ( Area Code & Daytime T	27. Telephone Number
Enclosed is a check for the	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)
Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	STREET/COURIEN Registration Section Division of Corporati Clifton Building 2661 Executive Cente	ons

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1st Continental Mortgage at Metro West LLC.  (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)						
(A Florida Limited	Liability Company)					
The Articles of Organization for this Limited Liability Company	y were filed on 2/28/07 and assigned					
Florida document number <u>L 07 0000 Z 2 7 33</u>						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lial	bility company here:					
C&G Lawn Maintenance a	nd Landscaping UC					
The new name must be distinguishable and end with the words "Lim"L.L.C."						
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)	4302 Contray Club Dr.					
	Orlando FL 32835					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)	2816 E Robinson St					
	Orlando FL 32803.					
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here.						
Name of New Registered Agent:						
New Registered Office Address: Z816	Enter Florida street address					
Orlan	ndo Florida 32803					
- V recen	City Florida 32803 Zip Code					
New Registered Agent's Signature, if changing Registered Agent						
I hereby accept the appointment as registered agent and agi the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	plete performance of my duties, and I am familiar With and provided for in Chapter 608, F.S. Or, if this document is					

Page 1 of 2

If Changing Registered Agent, Signature of New Register

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR.	Katrina Gutierre	2816 E Robinson St Orlando FL 3280	Add Remove
	<del></del>		Add Remove
			Add Remove
	<del></del>		AddRemove
			AddRemove
			Add Remove
D. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if r	necessary.)
	2/15/10		10 FI SECR
	,		FEB 18 CRETARY LAHASSE
	Signature of a r		PH 3: 50  FF STATE  FF. FLORID
		Typed or printed name of signee  Page 2 of 2	50 Vida

Filing Fee: \$25.00