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| (Re                     | questor's Name)   |             |  |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: COASTAL PROWASH LLC (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:  |
| EMILY H. BROWN (Name of Person)  COASTAL PROWASH LLL (Firm/Company)  |
| 1012 16 Ave. N.  (Address)  TACKSONVILLE Boh, FC 32250  (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| (Name of Person) at (904) 249-4288  (Area Code & Daytime Telephone Number)   |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|         | COASTAL PROWASH, LLC   |            |             |
|---------|--|------------|-------------|
|         | (Present Name) (A Florida Limited Liability Company)           |            |             |
|         |  |            |             |
|         |  |            |             |
|         | m/ - / -   |            |             |
| FIRST:  | The Articles of Organization were filed on                     |            |             |
| SECOND: | This amendment is submitted to amend the following:            |            |             |
|         | NAME CHANGE AND TYPE OF WORK.                                  |            |             |
|         | PLEASE CHANGE THE NAME OF COASTAL PROWASH.                     | LLC        |             |
|         | TO NEW NAME AND! BIG RED TRUCK LAWN SERVICE, L                 |            |             |
|         | THE TYPE OF WORK IS NOW LAWN SERVICE.                          |            |             |
|         | THE OF WEEK IS NOW SHOWN SERVICE                               |            |             |
|         |  |            |             |
|         |  |            |             |
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|         |  |            |             |
|         |  |            | _           |
| Dated   | 7/30/07 JULY 30 , 2007.  | 07         | DIVIS<br>S. |
|         | <del>/</del>   | 07 AUG     | NON<br>SIGN |
|         |  | 9-6        | AA.         |
|         | ES O Brown   | PH         | 2,45        |
|         | Signature of a member or authorized representative of a member | <u>ာ</u> း |             |
|         | EMILY IL BROWN   | : 07       |             |
|         | EMILY H. BROWN Typed or printed name of signee                 |            | =           |

Filing Fee: \$25.00