# 107000048573

(Re	equestor's Name	)		
(Ac	idress)			
(Ac	idress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	ocument Number	)		
Certified Copies	Certificate	es of Status		
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SECRETARY OF STATE

# **COVER LETTER**

TO: Registration Division of C			
<sub>SUBJECT:</sub> Gator	Country Lawn Car	e LLC.	
		mited Liability Company)	
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.	
Please return all corres	spondence concerning this matte	er to the following:	
	Barry L Lohmeyer		
		(Name of Person)	
	Gator Country Lav		
		(Firm/Company)	
	1575 Whooping D	Prive	
		(Address)	
	Groveland Florida	34736	
		(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information	n concerning this matter, please	call:	
Barry L Lohm	eyer	at ( 352 ) 536-0305	j
(Narr	e of Person)		ne Telephone Number)
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Gator Country Lawn Care LLC.				
	(Present Name) (A Florida Limited Liability Company)				
FIRST:	The Articles of Organization were filed on document number L07000048573 and assigned				
SECOND:	This amendment is submitted to amend the following:				
	This amendment is to asign Barry L Lohmeyer as Manager				
		-			
		-			
	Manager- Barry L Lohmeyer	-			
	1575 Whooping Drive				
	Groveland Florida 34736	-			
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		-			
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		-			
		-			
Dated	ugust 3 ,2007.				
	Bay & Lely FE	200 <b>7</b> A			
	Signature of a member or authorized representative of a member	AUG -	METATORIAN CONTRACTOR		
	Barry L Lohmeyer	8	. =====		
	Typed or printed name of signee	- <del>-</del> -	Second Second		
	rs O:1	÷	Course !		

Filing Fee: \$25.00