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SECRETARY OF STATE

COVER LETTER

Division of Cor	rporations		
subject: <u>Raf</u>	Pid Lawn Hydra (Name of Lim	n Seeding LLC. ited Liability Company)	
	(y	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	d for filing. e following: Ou Lew's (Name of Person) Hydroseeding (Firm/Company) e Rp. (Address) J. F.L. 32404 //State and Zip Code) at (\$50) \$96-2377 (Area Code & Daytime Telephone Number)
	Leonard	Lou Lewis	
		(Name of Person)	
	Rapid Law	n Hydroseudiny	-
		(Firm/Company)	
	8426 Fr	eese Rp.	
		(Address)	
	Panama C	Tr FL. 32404	
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Lou h	ewis	at (850) 596-23	27
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status		Certificate of Status &

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



Rapid Lawn Hydroseeding TALLAHASSEE FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 18, 2007 and assigned Florida document number \(\lambda \) \(\text{Plonto} \) \(\text{5.000} \) \(

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 and 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.

(City)

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:

MGK = Manager

	Name	Address	Type of A
			Add Remove
			Add Remove
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			Add Remove
meno	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	ary.)
		· 	09 AP
		···· — ··- ·· · · · · · · · · · · · · ·	
			-2 ARY
	Narch 31,2009,		-2 ARY
	March 31,2009. Leanurd Low Lew	er or authorized representative of a member Lewis d or printed name of signee	R-2 AM II: 17 TARY OF STATE HASSEE FLORIDA

Page 2 of 2

Filing Fee: \$25.00