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S. HAWKES

NOV - 9 2009

EXAMINER

COVER LETTER

	gistration Section vision of Corporations
SUBJECT:	RMSG Lawn Care LLC Name of Limited Liability Company
	Name of Limited Liability Company
The enclose	d Articles of Amendment and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	ROQUE Maldonado Name of Person RMJG Enterprises LLC Firm/Company
	Name of Person
	RMJG Enterprises LLC
	7203 PAT Blvd Address
	Tampa 7L 33615 City/State and Zin Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Ropue Maldonado at (813) 323-7722 Name of Person Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Enclosed is	a check for the following amount:
\$25.00 F	Filing Fee \$\ \begin{array}{c} \\$30.00 \text{ Filing Fee & } \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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**

RMJG LAWN Ca					
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ıy as it now aj iability Compa	opears on any)	our records.)		
The Articles of Organization for this Limited Liability Company	were filed on		î-10-2007	and assigned	
Florida document number <u>L0700092186</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company	<u>y here</u> :			
RMJG Enterpri The new name must be distinguishable and end with the words "Limit	ses LL	<u></u>	•	TAL SE SE	
The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability C	ompany,"	the designation "L	LC or the obreviation	
Enter new principal offices address, if applicable:				SSE 6 1	
(Principal office address MUST BE A STREET ADDRESS)					
				E FLORID	
				Om O	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		on our r	ecords, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	Roque	Male	donado Blvd	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	7203	PAT	Blvd		
	Enter Florida street address				
	Tampa		, Florida	33615 Zip Code	
	City			Zip Code	
New Desistand Assetts Signature if showning Desistand Asset					

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.

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 Title Address Type of Action Name Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November z 2009 Dated ___ Legue Maldmeds
Signature of a member or authorized representative of a member

Koque Maldonado
Typed or printed name of signee

Page 2 of 2
Filing Fee: \$25.00