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SECRETARY OF STATE
TALLAHASSEE EN STATE

COVER LETTER

(Name of Person)

TO: 'Registration Section
Division of Corporations

SUBJECT: EVERGLADES EXOTICS NURSEY & LANDSCAPE, 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:

Christopher E. Mast

| | Christopher E. Ma | ast, P.A. | OCT CRET LAH |
|--|--------------------------------|--|---|
| | | (Firm/Company) | TARY ASSE |
| | 1059 5th Avenue | North | AM I |
| | | (Address) | AM II: 58 OF STATE E. FLORIDA |
| | Naples, Florida 34 | 4102 | 8 DA |
| | | (City/State and Zip Code) | |
| | concerning this matter, please | | · |
| Christopher E | . Mast e of Person) | at (239) 434-5922 | me Telephone Number) |
| Enclosed is a check for the \$25.00 Filing Fee | | (Alca code & Day in S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | (mathonia vopy 15 offotose |

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

EVERGLADES EXOTICS NURSEY & LANDSCAPE, LLC

(Present Name)
(A Florida Limited Liability Company)

| FIRST: | The Articles of Organization were filed on | |
|---------------------------------|--|--|
| SECOND: | This amendment is submitted to amend the following: | |
| | The name of the limited liability company is amended to reflect the correct | |
| | spelling as follows: | |
| | EVERGLADES EXOTICS NURSERY & LANDSCAPE, LLC | |
| | The name of the MGRM, Phillip E. Zieler, is amended to reflect the correct | |
| | spelling as follows: | |
| | Phillip E. Ziegler | |
| | ECRE LAH | |
| | ASSE | |
| | TO TAIL TO THE TOTAL THE T | |
| Dated Oc | tober 11 , 2007 S. | |
| | Amay h Colling Signature of a member or authorized representative of a member | |
| | Nancy L. Collins | |
| Typed or printed name of signee | | |