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08 JUL 23 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

JUL 24 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ProGreen's Irrigation & Pump Service 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:

Kendzia Green  
(Name of Person)

ProGreen's Irrigation & Pump Service LLC  
(Firm/Company)

501 SW Feldman Ave  
(Address)

Port Saint Lucie 34953  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kendzia Green at 772 224-1033  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☒ \$50.00 Filing Fee &  
Certificate of Status

☐ \$55.00 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 JUL 23 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 15, 2008

KENDZIA GREEN  
501 SW FELDMAN AVE  
PORT ST LUCIE, FL 34953

SUBJECT: PROGREEN'S IRRIGATION & PUMP SERVICE "LLC"  
Ref. Number: L08000010070

We have received your document for PROGREEN'S IRRIGATION & PUMP SERVICE "LLC" and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or manager of the limited liability company.

Are you changing the name of your LLC? If you are not changing the name please remove the information in section A.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 808A00041478

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

08 JUL 23 AM 11:07

Progreen's Irrigation & Pump Service LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TREASURER  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/28/08 and assigned  
Florida document number L08000010070

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Progreen's Irrigation & Pump Service LLC  
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

501 SW Feldman Ave  
Port Saint Lucie FL

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Kendzia Green

New Registered Office Address:

501 SW Feldman Ave  
(Enter Florida street address)

Port Saint Lucie, Florida 34953  
(City) (Zip Code)

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.

[Signature]  
(If Changing Registered Agent, Signature of New Registered Agent)

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	Name	Address	Type of Action
MGR	Kendzia Green	501 SW Feldman Ave Port Saint Lucie 34953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Brian R. Gumola	3249 SW Sunset Trace Circle Palm City FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

*[Handwritten signature]*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JUL 23 AM 11:07

FILED

Dated \_\_\_\_\_

*[Handwritten signature]*  
Signature of a member or authorized representative of a member  
Kendzia Green  
Typed or printed name of signee