108000011151

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| L. SELLERS | | | | | |
| JUL - 92008 | | | | | |
| EXAMINER | | | | | |
| | | | | | |

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FILED 08 JUL -8 AH ID: 16 SECKETARY OF SIME TALLAHASSEE FLORIDA

Office Use Only

COVER LETTER

Registration Section Division of Corporations ID LAWN CARE, LLC RR SUBJECT: (Name of Limited Liability Company)

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JERROD BROWN EARODI LANDSCARE AND LANDN GARE LUC EAST HWY 98

RRABELLE, FLOAIDA City/State and Zip Code

For further information concerning this matter, please call:

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee

TO:

□\$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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 JUL -8 AM 10: 16 SECRETARY OF STATE TALLAHASSEE FLORIDA JERRODS iability 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 <u>TANUARY 31,2008</u> and assigned Florida document number <u>A08000011151</u>.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2606 EAST HWY 98 CARRABELLE, PL. 32322

FILED

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

| 2606 | EAST 1 | Hwy | 98 |
|------|--------|--------|-------------------|
| CARK | ABE LA | Ę F2 | ? <u>, 393</u> 92 |

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

| Name of New Registered Agent: | | |
|---|------------|------------------------|
| New Registered Office Address: | | |
| | (Enter F | lorida street address) |
| | | , Florida |
| | (City) | (Zip Code) |
| gistarad Agant's Signature, if abanging Degista | rad Aganti | |

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.

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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> .or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

.

| <u>Title</u> | Name | Address | Type of Action |
|---------------|---|---|-----------------------|
| MGRM | PAUL E. HAWKER | 2606 EAST HW498 CARRABE 12E, 151. 3232 | Add Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| <u></u> | | | Add Remove |
| <u></u> | | | Add Remove |
| | | | Add Remove |
| D. If ameno | ling any other information, enter chang | e(s) here: (Attach additional sheets, if necessary. |) |
| | | | |
| Dated | | [| |
| | Jorned Pren-p Signature of a member | 1 | ED AHIO: 16 |
| | ERROD DROUN | or printed name of signee | |

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Page 2 of 2

Filing Fee: \$25.00