

	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-L	IP WAIT	MAIL
· · ·	(Business Entity Name)	
	(Document Number)	· · · · · · · · · · · · · · · · · · ·
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G. MCLEOD

MAY 28 2008

EXAMINER



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05/27/08--01023--001 **25.00

08 HAY 27 PH 4: 12

COVER LETTER

Division of Corporations					
SUBJECT: FOR EVER GREAN SYNTHETIC TURL, LLC					
(Name of Limited Liability Company)/					
* i ,					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
(Name of Person)					
(Name of Person)					
FORSUSA (SKEEN) (Firm/Company)					
(Film/Company)					
4/0 N ShiNE AVE					
(Address)					
Ox/ando FL 32803					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Des Dew at (321) 297, 5127					
(Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)					

MAILING ADDRESS:

TO:

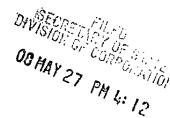
Registration Section

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



	12
(Name of the Limited Liability Compa (A Florida Limited I.	<i>,,</i>
(A Florida Limited L	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $02/05/2008$ and assigned
Florida document number <u>L0800013000</u> .	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	410 N. Shive Ave. Oclardo, FL 32803
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Audiess.	(Enter Florida street address)
	, Florids
	(City) (Zin 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.

(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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MĞRM	Robert W. IReland	832 BLAIRMONT LAWE LAKE MALY, FC 32746 VIS.	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
_			_
Dated <u></u>	1 23,2008 /, //		_
-	Signature of a member	or authorized representative of a member	
	Typed c	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00