<u>68000633157</u>

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

- JUL - 9 2008

EXAMINER



800131573448

07/07/08--01027--018 **60.00

08 JUL -7 PH 4: 0:

DIVISION OF COMPONNION

COVER LETTER

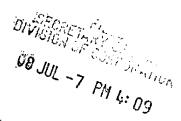
. Division of Corporations						
SUBJECT: AU-Pro LAWN Service LLC (Name of Limited Liability Company)						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
MANYETTA DOSS (Name of Person)						
(Firm/Company)						
365 GULF Share Drive #6 (Address)						
Destin, FC 3254 (City/State and Zip Code)						
For further information concerning this matter, please call:						
MArye TTA DOSS at (850) 837-6991 (Name of Person) (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: STREET/COURIER ADDRESS:						

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: -Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



ALL-Pro LAL (Name of the Limited (A	Liability Compar Florida Limited L	PRVICO iv as it now appliability Compar	e, LE C cars on our records.) y)	
The Articles of Organization for this Limited Li Florida document number	ability Company 8 <i>0000</i> 3	were filed on _	APric 1, 200	28_ and assigned
This amendment is submitted to amend the follow. A. If amending name, enter the new name of		ility company	here:	
A. If amending hame, enter the new hame of	the fillited hap	inty company	nere.	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Co	mpany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applic	able:	365	SULF &	3254/
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>	Dest	IN FL	3254/
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or the new registered of	fice address her	<u>e</u> :		
Name of New Registered Agent:	MARY	ETTA	DOS 5	
New Registered Office Address:	<u>365 9</u>	OULF S	Lure Or #6 (Enter Florida street	address) 3254/ (Zip Code)
	DEST	'~	, Florida	3254/
New Registered Agent's Signature, if changing l				(Zip Code)
- New Revisiered Avent's Signature, ii changing i	register en Arent:			

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

Type of Action Title Name | **Address** MARTETTA D DOSS

MARTETTA D DOSS

MARRIE Charles Leventine 365 BELT SULF Love & Add

Drive #6 Remove ſ**T** Add ☐ Add ☐ Remove _ Add _ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) I AM FAMILY WITH AND ACCEPT the OBILIATIONS OF the POSITION AS AN Reagisteral Agent (See MS 1) Z008. My the Discontinuous Signature of a member or authorized representative of a member D. Doss
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00