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C. LEWIS NOV 1 0 2008 EXAMINER

COVER LETTER

Division of Corp	porations		
SURJECT: Green h	Horizon Lawn Maint	enance. LLC	
SUBJECT: Green Horizon Lawn Maintenance, LLC (Name of Limited Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jeffery D. Masker		
(Name of Person)			
Green Horizon Lawn Maintenance, LLC			
		(Firm Company)	
	103 Rockhill Drive		
		(Address)	
	Sanford, FL 32771		
		(City State and Zip Code)	
For further information co	oncerning this matter, please c	eall;	
Jeffery D. Masker		at (407 ₎ 739-5718	
(Name o	f Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☑\$30.00 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:

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

FILED

2008 NOV -6 AM 10: 28

Green Horizon Lawn Maintenance, LLC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of the Limited Liability 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 5/27/2008 and assigned Florida document number L08000052381 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 "L.L.C." 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) 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: New Registered Office Address: (Enter Florida street address) , Florida (City)

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> Name <u>Address</u> **Type of Action MGMR** Christopher C. Olds 4121 Bulgers Rest Place **≖** Add ■ ✓ Remove Casselberry, FL 32707 ☐ Add Remove r ∧dd Remove Remove _ Add Remove ∫ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated November 3rd 2008 Signature of a member or authorized representative of a member Jeffery . Masker Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00