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SECRETARY OF STATE
DIVISION OF CHEPGRATION

T. HAMPTON

JAN -4 2010

EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT:		Lawn Maintenan ited Liability Company	cellc
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Da	Name of Person Ken Honzan Lawn Y Firm/Company	
	Gre	Cen Honzan Lawn Y	Maint. LLC
	374	Woldung Circle	<u>.</u>
	La	Address We Mary FL 3274 City/State and Elp Code	16
	Leigh E-mail address: (1	City/State and Elp Code 1003 (<u>γ</u>
For further information	on concerning this matter, please c	all:	
Kriste	Mas Kerne of Person	at (40 7) 739-572 Area Code & Daytime Tele	ephone Number
Enclosed is a check fo	or the following amount: \$\forall \forall \\$30.00 \text{ Filing Fee & Certificate of Status}	S55.00 Filing Fee & Certified Copy	\$60.00 Filing Fee, Certificate of Status &
	communic of Status	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	ALING ADDRESS: gistration Section	STREET/COURIER A Registration Section	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

Green Forizon Lau	in Maintenance LL any as it now appears on our records.)	_			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)	•			
The Articles of Organization for this Limited Liability Compan Florida document numberL08000 52381	y were filed on 5127/2008	and assig	ned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation "Ll	LC" or the abl	breviation		
Enter new principal offices address, if applicable:			<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)		09			
		DEC			
		$\frac{\omega}{2}$			
Enter new mailing address, if applicable:		<u> </u>	226		
(Mailing address MAY BE A POST OFFICE BOX)			3°		
	4,	<u>୍କୋ</u> ପୂ	₹ <u>₩</u>		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	<u>re</u> :	e name of	ਨੋ <u>the_new</u>		
Name of New Registered Agent:	Davis S. Ippolito				
New Registered Office Address:	Davis S. Ippolito 374 Woldum CIE.				
	Enter Florida street address				
	LAVE MARY, Florida	32746)		
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent	<u>ii</u>				

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 or Managing Member being added or removed from our records</u>:

MGR = Mar MGRM = M	nager Ianaging Member		
Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Jeffery D. Masker	103 Rockhill Or Sanford FL 32771	Add Remove
MBLM	James M. Hancock	8 352 Springdale Dr. Altamonte Sp. FL 32714	Add Remove
MSLM	DAVID & TAPOLITO	174 WOLDUNN CIRCLE LAKE MARY FL 32746	⊠ Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			SECRETARY OF STATE NOTES OF CARPORATE OP DEC 31 AM 10: 5:
Dated	2/29/09		OF STATE REGRATIONS AN IO: 55
	V JEHRIV	or Mhorized representative of a member or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00