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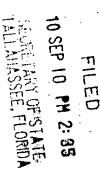
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COVER LETTER

10:	Division of C		•	s .	
SHRIE	· • • • • • • • • • • • • • • • • • • •	Greencuts of	of Lake County LLC		
SUBJI	Name of Limited Liability Company				
The en	closed Articles	of Amendment and fee(s) are sui	bmitted for filing.		
Please	return all corres	pondence concerning this matter	r to the following:		
	Freda M. O'Brien Name of Person				
		Cross	navita of Laka Cavety LCC		
	Greencuts of Lake County LCC Firm/Company				
	1333 Koy Court				
	1333 Key Court Address				
	Groveland, FL 34736				
			City/State and Zip Code		
		jobi E-mail address: (rien2@embarqmail.com to be used for future annual report no	tification)	
For fur	ther information	n concerning this matter, please	call:		
	Fr	eda M. O'Brien	at (352)	329-7838	
		e of Person		ime Telephone Number	
		the following amount:	TOSS OF PILL PAR R.	COO OO Eiling Egg	
[₹] 3 23	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	S60.00 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				RIER ADDRESS:	
		sion of Corporations	Registration Sec Division of Corp	orations	
			Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

10 SEP 10 PM 2: 35

Greencuts of La	ke County LLC	SELECTION OF SELECTION OF SELECTION	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our rec	TALLAHASSEE, FLOR	
(**************************************			
The Articles of Organization for this Limited Liability Company	were filed on $\frac{5}{32}$	and assigned	
Florida document number <u>LO8000652800</u> .	/ /		
This amendment is submitted to amend the following:			
A 16	1924		
A. If amending name, enter the new name of the limited liab	Hity company here:		
			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the desig	gnation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	Freda M. O'Brien	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	1333 Key Court	•	
	Groveland, FL 34736		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	fice address on our records.	enter the name of the new	
registered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
New York of the Office of the	Enter Florida street address		
	, Florida		
	City	Zip 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
Mgr	Drake Moore	1333 Key Court Groveland, FL 34736	☐ Add ☑ Remove
			Add Remove
			
	, <u>,</u>		
····-			AddRemove
	· · · · · · · · · · · · · · · · · · ·		AddRemove
D. If amen	ding any other information, ent	er change(s) here: (Attach additional sheets, if n	
_			FILED 10 SEP 10 PM 2: SLUNE LARY OF ST TALLAHASSEE: FLO
 Dated	September 7	, <u>2010</u>	ORIDA ORIDA
	Field Signature of FREID	a member or authorized representative of a member A. M. OBRIEN Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00