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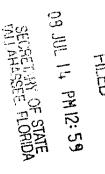
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M. THOMAS

JUL 1 5 2008

EXAMINER

## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

SUBJECT: Stormwater Management Services, 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:

	Terry McDavid		
		(Name of Person)	<del></del>
			9.08
		(Firm/Company)	OR JUL 14
		(I Introdupany)	発言
	P.O. Box 1328		TO THE STATE OF TH
		(Address)	PH 12: 59
			7. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
	Lake City, FL 32056		
		(City/State and Zip Code)	77
For further information of DeEtte Brown	concerning this matter, please c	000 750 1000	
	of Person)	at ( 386 ) 752-1896 (Area Code & Daytime 7	elephone Number)
Enclosed is a check for t		(	<b>-</b>
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	\$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

#### **MAILING ADDRESS:**

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

#### STORMWATER MANAGEMENT SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Flo	orida Limited L	iability Company)	is on our recording	
The Articles of Organization for this Limited Liabi	lity Company	were filed on	une 24, 2008	and assigned
Florida document number L08000062059				
This amendment is submitted to amend the following.  A. If amending name, enter the new name of the	e limited liab			OB JUL 14 P
The new name must be distinguishable and end with the "L.L.C."	ie words "Limi	ted Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	e:	1353 SE Loqu	at Way	OF STATES
(Principal office address MUST BE A STREET A		Lake City, FL 3	32025	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	1353 SE Loqu Lake City, FL 3		
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, enter t	he name of the new
Name of New Registered Agent:				
New Registered Office Address:	1353 SE Loqu			
		(E	Enter Florida street add	•
<u>1</u>	ake City		, Florida <u>320</u>	025
		(City)		(Zip Code)
New Registered Agent's Signature, if changing Regi	istered Agent:	i		

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

	<u>Name</u>	Address	Type of Action
			Add Remove
<del>,</del>			Add Remove
			Add O
			Add Remove
			Add Orr
			Add Remove
D. If amendi	ng any other information, enter cl	nange(s) here: (Attach additional sheets, if necessary.)	
	V		<del></del>
			<del></del>
Dated July 3	, <u>20</u>	008 .	

Page 2 of 2

Filing Fee: \$25.00