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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

DIVISION OF CORPORAGION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARTNERS GROUP INVESTORS LAWN SERVICE/LANDSCAPING, LLG

(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:

	Darwin S. Edwards		
		(Name of Person)	
	Partners Group Investors		
		(Firm/Company)	
	3050 Harkers Islandway		
•		(Address)	
	Kissimmee, Florida 3474		
		(City/State and Zip Code)	
For further information o	concerning this matter, please c	all:	
	プログルスペン	Marin State Control	₹
Darwin S. Edwards	, ,	at (407) 832-9031	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	he 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:

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

read a least waiting of cost distribution soles to the colorest.

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

Partners Group Investors Lawn	Service/Landscaping, LLC		
(Name of the Limite	d Liability Company as it now ar A Florida Limited Liability Compa	opears on our records.) uny)	
The Articles of Organization for this Limited I	Liability Company were filed on	7/1/08	and assigned
This amendment is submitted to amend the fol		γ here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Co	ompany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	····	
(Principal office address MUST BE A STRE	ET ADDRESS)		80 ≤≤
			8 098
			10 93
Enter new moiling address if applicable			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		-
			8 55
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address	on our records, enter	the name of the new
Name of New Registered Agent:	Darwin S. Edwards		
New Registered Office Address:		(Enter Florida street d	address)
		(Line) I wind sheet	***** 630 <i>j</i>
		, Florida _	(7:- C- de)
	(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> Fitle</u>	<u>Name</u>	Address	Type of Action
MGRM_	Daniel D. Edwards	3050 Harkers Islandway Kissimmee, Florida 34746	
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. , 			Add Remove
			Add Remove
			T Domosio
). If ame	ending any other informa	tion, enter change(s) here: (Attach additional sheets	s, if necessary.)
-	-		
- - Dated	November 7	, 2008	
Jaled		enature of a member or authorized representative of a mem	nber
	DARWIN S	Edwards Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00