

**L080000064353**

Florida Department of State  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : AMAN LAW FIRM  
Account Number : I20020000001  
Phone : (813) 265-0004  
Fax Number : (813) 265-9644

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**AMND/RESTATE/CORRECT OR M/MG RESIGN**

**SOUTHERN LAND SERVICES, LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

**J. BRYAN**

AUG 14 2008

**EXAMINER**

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Southern Land 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:

Jeffrey A. Aman, Esquire  
(Name of Person)  
Aman Law Firm  
(Firm/Company)  
14502 N. Dale Mabry Hwy., Suite 200  
(Address)  
Tampa, Florida 33618  
(City/State and Zip Code)

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For further information concerning this matter, please call:

Jeffrey A. Aman, Esquire at ( 813 ) 265-0004  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount: **PRE PAID ACCT.**

- ☒ \$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

**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**

Southern Land Services, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on July 1, 2008 and assigned  
Florida document number L08000064353.

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)

(City), Florida

(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)

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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

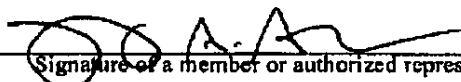
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Thomas Pedersen	2320 W. Memorial Boulevard Lakeland, Florida 33815	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Gary L. Pedersen	2320 W. Memorial Boulevard Lakeland, Florida 33815	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Gary L. Pedersen, Jr.	2320 W. Memorial Boulevard Lakeland, Florida 33815	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated August 13, 2008



Signature of a member or authorized representative of a member

Jeffrey A. Aman, Esquire

Typed or printed name of signee

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Filing Fee: \$25.00

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