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(Re	equestor's Name)	
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EXAMINER



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DIVISION OF CONTRACTOR

COVER LETTER

Division of Corp	porations		
SUBJECT:	NICE E	NEAT MOWING, I	LLC
Solution.	(Name of Lin	nited Liability Company)	
The enclosed Articles of A	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspon	ndence concerning this matter	r to the following:	
	Sha	(Name of Person) Neat Moving, LA (Firm/Company)	
	·	(Name of Person)	
	Nicr &	Nest Maving, LA	<u> </u>
		(Firm/Company)	
	1912	Virginia AVE. (Jaddress)	
		(Address)	
	Eustis	PL 32726 (City/State and Zip Code)	
		(City/State and Zip Code)	-
Don further information as		ll.	
roi furuler information co	oncerning this matter, please of		,
Shawi	n Thomas	at (352) 579 - 635 (Area Code & Daytime To	4
(Name of	f Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for the			
\$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)
9			
Registra Division	NG ADDRESS: tion Section of Corporations	STREET/COURIER Registration Section Division of Corporation	
P.O. Bo. Tallahas	see, FL 32314	Clifton Building 2661 Executive Center Tallahassee, FL 32301	Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

DIVISION FAR	Lso Con
OIVISION OF CO	MOS MALL
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OF	7	1 1 C AM 9: 58
NICE É NEAT	MONING,	CAL
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on or ability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L08000076123</u> .	were filed on Aug	7, 2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile Shine. The new name must be distinguishable and end with the words "Limit		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDRESS)		·
Enter new mailing address, if applicable:	P.O. Bo.	x 7
(Mailing address MAY BE A POST OFFICE BOX)	Eustis, FL	32727 - 0007
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		cords, enter the name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	(Enter Flo	orida 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	
	·	***************************************	Add	
			Remove	
	***************************************		Add	
		***************************************	Add Remove	
·			Add Remove	
				
***************************************			Add Remove	
			Add	
D Ifamen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)		
	ung any other miormation, enter thang	e(s) nere. (Amach duambhai sheeis, y necessary.)	*****	
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		<u> </u>		
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Dated	November 25, 20	Σβ .		
	November 25, 20 Lee Roy Kelly Signature of a member Lee Roy Kelly Typed		<u></u>	
	Signature of a member Leg Rov Kelly	or authorized representative of a member		
	Typed	or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00