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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Req	uestor's Name)	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Add	ress)	
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Add	ress)	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City)	/State/Zip/Phone #/	)
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Special Instructions to Filing Officer:	Certified Copies	Certificates of	f Status
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ZIO JUL 28 PM 12: 39
SECRETARY OF STATE
AND STATE OF STAT

JUL 2 9 2009 EXAMINER

## COVER LETTER

please

TO: Registration Section
Division of Corporations

SUBJECT:	OceanGrow	n Solutions, LLC				
	Name of Limite	ed Liability Company				
The enclosed Articles of	f Amendment and fee(s) are subn	nitted for filing.				
Please return all corresp	ondence concerning this matter t	o the following:				
	5	S. Lynn Clem, CFO				
		Name of Person		•		
	Ocea	OceanGrown Solutions, LLC				
		Firm/Company		-		
	14001 63rd Way North					
		Address		-		
	Clea	rwater, FL 33760-36	519			
		City/State and Zip Code				
	lynn	@paragonwater.cor	n			
	E-mail address: (to	be used for future annual rep	ort notification)			
For further information	concerning this matter, please ca	di:				
S. L	ynn Clem, CFO	at ( 727 )	538-4704 ext 253	}		
Name	of Person	Area Code &	Daytime Telephone Number	er		
Enclosed is a check for	the following amount:					
	-	Doss oo Diing Ear &	- <b>- \$</b> 60.00 E	iling Egg		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certifie	ate of Status &		

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

FILED

2009 JUL 28 PM 12: 39

Ocear (Name of the Limited Lial (A Flo	Grown Solutions, LLC bility Company as it now appearida Limited Liability Company)	SECRETARY OF STATE  TALLAHASSEE, FLORII  TALLAHASSE
The Articles of Organization for this Limited Liabil Florida document number		08/19/2008 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company her	<u>-e</u> ;
OceanGro	own Turf & Ornamental, L	_C
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Er	nter 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

Is 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 Remove ☐ Add □ Remove ☐ Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A Dated Signature of a member or authorized representative of a member George L. Lutich Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00