# 108000084240

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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**EXAMINER** 



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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: LÁWN F	PRO PRODUCTS, I	Lie <b>c</b> iecie	ing of the second of the seco
		ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MICHAEL FREEDLAND		, .
		(Name of Person)	•
	LAWN PRO PRODUCTS	S; LLC	
	•	(Firm/Company)	• •
	900 SOUTH STATE ROA	AD 7	
		(Address)	
	PLANTATION, FL 33317	,	
		(City/State and Zip Code)	
For further information co	oncerning this matter, please c	alis (mercel et al. 1806)	in the state of th
MICHAEL FREEDLAN	D .	at ( 954 ) 302-5333	
(Name o	f Person)	(Area Code & Daytime	l'elephone Number)
Enclosed is a check for the	e 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

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

LAWN PRO PRODUCTS, LLC	·		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company).	ir records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on _09/04/2008	3	_ and assigned
Florida document number L08000084240			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		•
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the	e designation "LLC	or the abbreviation
L.L.C."		· - · · · · · · · · · · · · · · · · · ·	. •
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	·	•	
			<u>- 명</u> 로움
			F OF C
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			<del>- 3</del> 3
		······································	49
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		cords, <u>enter the</u>	name of the ne
·			
Name of New Registered Agent:	•		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
	(Enter Flo	orida street addre:	ss)
·		, 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

Title	<u>Name</u>	Address	Type of Action
MGR	MICHAEL FREEDLAND	900 SOUTH STATE ROAD 7 PLANTATION, FL 33317	Add Remove
MGR	DANIEL GOLDSTEIN	900 SOUTH STATE ROAD 7 PLANTATION, FL 33317	<b>=</b> .
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
	·		Add Remove
<del></del>			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necess	rary.)
_			
<u> </u>			· · · · · ·
Dated OCTO	OBER 24 , 1	2008 1 E 10 1	
	MICHAEL FREED	nember or authorized representative of a member  PLAND  Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00