

Florida Department of State
Division of Corporations
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Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

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9 MAY 21 PH 1: 05
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

## LAWN PRO PRODUCTS LLC

Certificate of Status	0
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## F [ F]

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

09 MAY 21 AM 8: 38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Lav	vn Pro Products. LLC		
(Name of the Limited Li-	ability Company as it now appeared Limited Liability Company)	irs on our records.)	**************************************
The Articles of Organization for this Limited Liabi	lity Company were filed on	09/04/2008	and assigned
Florida document numberL0800008424	10		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company he	re:	
The new name must be distinguishable and end with the "L.L.C."	to words "Limited Linbility Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>x)</u>	<del></del>	
		<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on address here:	our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	F)	nter Florida street add	253
	24	. 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

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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 Memher

Title	<u>Name</u>	. Address	Type of Action
MGR	William Goldstein	365 Jacaranda Drive Plantation, El 33324	
<u>MGR</u>	Michael Freedland	900 South State Road 7 Plantation, FL33317	Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove 
<u></u>			Add Remove
D. If amen	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	_
-			O9 HAY 21 AH 8: 38 SECRETARY OF STATE TALLAHASSEE FLORIDA
Dated	May 21st	2009	1 8: 38 STATE FLORIDA
	Signature of a me	ember or authorized representative of a member	<del></del>
•		William Goldstein yped or printed name of signee	·

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