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T. HAMPTON
FEB 2 0 2009
EXAMINER

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT: Jus:	t Mowing (Name of Lin	LLC	
	(Name of Li	mited Liability Company)	
The enclosed Articles of Articles of Articles return all correspond		-	
	Mark o	Q. Johnson (Name of Person)	
		Masing, LLC (Firm/Company)	
	24010	Sardinia Drive (Address)  FLorida 32- (City/State and Zip Code)	
	Sorrento	FLorida 32	176
For further information con			
Mark John	Son	at ( <u>407</u> 617 6	923
(Name of	Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	G ADDRESS:	STREET/COURIER Registration Section	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUST Mowing	, , , , , , , , , , , , , , , , , , , ,	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record I Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Compar Florida document number <u>LOBDOOO 8997!</u>	_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
SAFARI MOW AND	GO, LLC	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the designat	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	SAMC	. 0
(Principal office address MUST BE A STREET ADDRESS)		SE(VIS
		<b>EB</b> 928
		19 CP
Enter new mailing address, if applicable:	SAME	200 mg
(Mailing address MAY BE A POST OFFICE BOX)		STA ORA
		01
		(n
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		nter the name of the new
Name of New Registered Agent:	SAME SAME	
New Registered Office Address:		
	(Enter Florida stre	et address)
	, Floric	da(Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature if changing Registered Agen	nt•	

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 = Ma MGRM = !	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
	SAM		Add Remove
<del>*************************************</del>			Add Remove
			Add Remove
			Add Remove
<del>,</del>			Add Remove
			Add Remove
D. If amen	ding any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)	SEC 09 F
			CRETARY OF STATE ON OF CORPORATIONS  TEB 19 AM II: 01
Dated F	ébruary 17	. 2009 Nal a. John	TATE ATTONS
	Signature Ma r	of a member or authorized representative of a member    C	

Page 2 of 2

Filing Fee: \$25.00