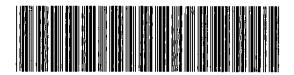
## L08000094468

(F	Requestor's Name)	
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SECRETARY OF STATE

FILED

T. HAMPTON

OCT 2 4 2008

**EXAMINER** 

## **COVER LETTER**

Division of Corporations						
SUBJECT: NORTH FL FOREVERLAWN, LLC						
(Name of Limited Liability Company)						
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	FRANK P. SAIER	(Name of Person)				
		(Name of Person)				
	SCRUGGS & CARMICHAEL, PA					
(Firm/Company)						
	4041-B NW 37TH PLACE	<u> </u>				
		(Address)				
GAINESVILLE, FL 32606						
		(City/State and Zip Code)				
For further information concerning this matter, please call:						
FRANK P. SAIER	FRANK P. SAIER at ( 352 ) 374-4120 EXT 4331					
(Name of	Person)					
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)	□\$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

NORTH FL FOREVERLAWN, LLC		
(Name of the Limited Liabili	ty Company as it now appears on ou a Limited Liability Company)	r records.)
(111 Mac	a Enimed Emorney Company)	
The Articles of Organization for this Limited Liability	Company were filed on October 6,	2008 and assigned
Florida document number L08000094468		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
NORTH FL ECONOLAWN, LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
		SEC -M
		AH.
Enter new mailing address, if applicable:		AR SS
(Mailing address MAY BE A POST OFFICE BOX)		Fig. 1
	V - 1263 P 1.2	RET 2
B. If amending the registered agent and/or regi		cords, emer the name of the no
registered agent and/or the new registered office ad	dress here:	e k f
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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = I	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			<b>=</b> D
			<b>=</b> ~
<del></del>			
D. If amen	truck P.		SECRETARY OF STATE
	Frank P. Saier Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00