

LD9000030491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

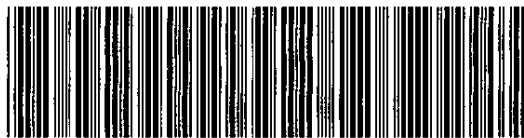
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07/28/09--01019--002 **60.00

FILED
2009 JUL 28 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 29 2009

EXAMINER

OceanGrown Turf and Ornamental, LLC

*14001 63rd Way North
Clearwater, FL 33760-3619
Tel 727-538-4704 ext 253*

July 27, 2009

Florida Department of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

To Whom It May Concern:

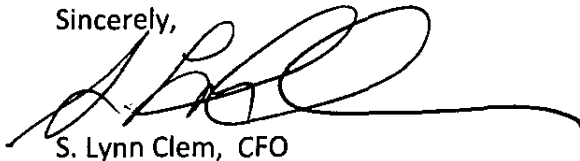
Enclosed are two (2) sets of Amendments to the Articles of Formation of Two Separate LLC's as follows:

1. Amendment changing the name of OceanGrown Turf and Ornamental, LLC **TO** OceanGrown Turf and Ornamental Services, LLC (**Please process this request FIRST**)
2. Amendment changing the name of OceanGrown Solutions, LLC **TO** OceanGrown Turf & Ornamental, LLC. (**Please process this request Second**)
3. Check in the amount of \$60.00 payable to Florida Dept. of State for the Total Fees due.

We are requesting the specific order of these filings to ensure that we can maintain the OceanGrown Solutions Turf & Ornamental, LLC name.

If you require further direction please contact the undersigned at 727-538-4704 ext 253 to clarify.

Sincerely,



S. Lynn Clem, CFO

COVER LETTER

(Please Process First)

**TO: Registration Section
Division of Corporations**

SUBJECT: OceanGrown Turf and Ornamental, 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:

S. Lynn Clem, CFO

Name of Person

OceanGrown Turf and Ornamental Services, LLC

Firm/Company

14001 63rd Way North

Address

Clearwater, FL 33760-3619

City/State and Zip Code

lynn@paragonwater.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

S. Lynn Clem

Name of Person

at (727)

538-4704 ext 253

Area Code & Daytime Telephone 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)

☐ \$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

FILED

2009 JUL 28 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OceanGrown Turf and Ornamental, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 30, 2009 and assigned
Florida document number L09000030491.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

OceanGrown Turf and Ornamental Services, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Same as above

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Same as above

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NA

New Registered Office Address:

NA

Enter 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

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:

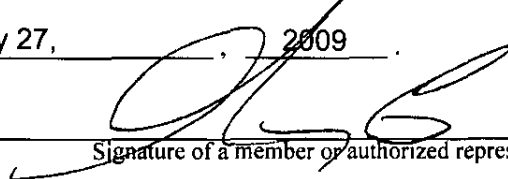
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	NA		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
	NA		<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated July 27, 2009



Signature of a member or authorized representative of a member

George L. Lutich

Typed or printed name of signee

2009 JUL 28 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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