## L09000107476

(Requestor's Name)
· (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100185224161

09/10/10--01025--001 \*\*25.00



SEP 1 3 7713 .

EXAMINER

## **COVER LETTER**

Registration Section TO: Division of Corporations The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company Baymeadows Road East Suite 205 E-mail address: (to be used for future should report holification) For further information concerning this matter, please call: at (904) 564 - 9129

Ares Code & Daytime Telephone Number Enclosed is a check for the following amount:

\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

\$30 00 Filing Peo & Certificate of Status

> STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

\$25.00 Filing Peo

\$60.00 Filing Pcc,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

		2010 SEP 10 PM 4		
Green Grass	Solitions Manage	ement SCHETARY OF STAT		
(Name of the Limited Lia (A Flo	bility Company as it now appears or rida Limited Liability Company)	enent ZZZZARY OF STAT ON OUT TECOPOLATE AHASSEE, FLORI		
The Articles of Organization for this Limited Liabili		and assigned		
Florida document number <u>L09000/0747</u>	<u>76</u> .			
This amendment is submitted to amend the followin	ng:			
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,	" the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable				
(Principal office address MUST BE A STREET A)	DDRESS)			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
		records, enter the name of the new		
		records, enter the name of the new		
<u>ceistered agent and/or the new registered office :</u>	address here:			
	address here:	Florida street address		
Name of New Registered Agent:	address here:			

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

Page 1 of 2

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:

Edward E. Burr	7807 Baymeadows Ro Suite 205 Sacksonville, FL 3225	Add Remove  Add Remove  Add Remove  Add Remove
		Remove Add Remove Add Remove
-1		Remove  Add Remove
- 12-11-2		Remove  Add
		AddRemove
y other information, enter chan	nge(s) here: (Attach additional sheets, if	necessary.)
		2018 SECH
	1	DOIN SEP 10 PM TALLIAHASSEE. FLORIDA
Min		S LATE FLORID
	MG DA	

Page 2 of 2

Filing Fee: \$25.00