

Florida Department of State  
Division of Corporations  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ALL SOD L.L.C.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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J. BRYAN  
APR 20 2009  
EXAMINER  
4/19/2010

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ALL SOD L.L.C.

(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 11/06/2009 and assigned  
Florida document number LO9000107732.

This amendment is submitted to amend the following:

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

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 office address, if applicable:

2497 43RD ST SW NAPLES, FL 34116

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

ARMANDO D CARDENAS

New Registered Office Address:

2497 43RD ST SW

*Enter Florida street address*

NAPLES

Florida

34116

*City*

*Zip Code*

New Registered Agent's Residency: 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby certify 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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ALLA

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:

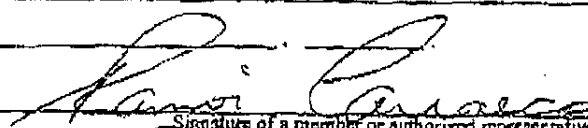
MGR = Manager  
MGRM = Managing Member

| Title | Name               | Address                              | Type of Action                                                             |
|-------|--------------------|--------------------------------------|----------------------------------------------------------------------------|
| MGRM  | RAMON CARRASCO     | 410 JUNG BLVD W<br>NAPLES, FL 34120  | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM  | ANNA R CARRASCO    | 410 JUNG BLVD W<br>NAPLES, FL 34120  | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM  | ARMANDO D CARDENAS | 2497 43RD ST SW<br>NAPLES, FL 34116  | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR   | CARIDAD VICHOT     | 3725 37TH AVE NE<br>NAPLES, FL 34120 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |                    |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |                    |                                      | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
RAMON CARRASCO 04-09-2010  
\_\_\_\_\_  
Typed or printed name of signer