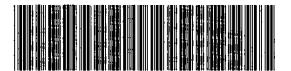
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THE SECRETARY OF STATE

C. LEWIS

JUN 1 8 2010

EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Florida Greenscapes of Palm Coast LLC Name of Limited Liabling Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Mangaroo Name of Person
Florida Greenscapes of Palm Coast uc
64 Ryan In
Palm Coast FL. 32164 City/State and Zip Code
E-malf address: (to be well for future annual report notification)
For further information concerning this matter, please call:
Name of Person  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

Florida Greenscape	s of Palm C	bast uc2010 JUN 17 PM 3: 32
(Name of the Limited Liability (A Florida	Company as it now appears Limited Liability Company)	on our records.) SECRETARY OF STATE TALLAHASSEE, FLORID.
The Articles of Organization for this Limited Liability C	Company were filed on <u>\lambde</u>	
Florida document number <u>L09 000 /2/ 581</u>		·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here	<b>:</b>
The new name must be distinguishable and end with the wor"L.L.C."	rds "Limited Liability Compar	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Ent	er Florida street oddress
		, 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 = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>	Michael Mangaroo	Cot Ryan or Falm Coast, PC 32164	Add Remove
MGRM	Michael Mangaroo	let Ryan Un Halm Coust, PL. 32164	Add Remove
7	Kelly A. Mangaroo	104 Ryan Dr. Palm Court, FL. 32164	Add Remove
MGRM	Kelly A Mangaroo	164 Ryan Un Palm Coust, PC 32164	Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.	)
			—
Dated <u>Ju</u>	Alrehael a. A.	Pangaroo	FILE D 2010 JUNIT PH 3: 32 SECRETARY OF STAFE TAFLAHASSEE. FLORIDA
	Aichael A. A. Typed	dowprinted name of signee  Page 2 of 2	FLORITE FLORIE
	•	Page 2 of 2	D(1, 12)

Filing Fee: \$25.00