## L10000007171

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(Document Number)					
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2011 NOV - 7 AH 8: 28

J. SAULSBERRY EXAMINER

NOV 08 2011

## **COVER LETTER \***

TO: Registration Section Division of Corporations							
SUBJI	ECT:	Mighty	Mower.	, 40			
			Name of Limi	ted Liability Company			
The en	closed Artic	les of Amendment	and fee(s) are sul	omitted for filing.			
Please	return all co	rrespondence conc	erning this matter	to the following:			
			Thon	name of Person	ಳ		
•				Name of Person	•		
				Firm/Company			
				)			
		<del></del>	1142 3	rinner ox	· · · · · · · · · · · · · · · · · · ·		
		Por	t charbot	Address 33952		2011 NOV -7 SEGRETARY TALLAHASSE	23000
			<u></u>	City/State and Zip Code		-7	1
		Ta	2 2 10 9 2 E-mail address: (	to be used for future annual report notifica	tion)	mo. —	
For fu	ther informs	ntion concerning th	is matter, please o	call:		AH 8: 28 OF'STATE E.FLORIDA	-
7	ma	(rews		at (941 ) 204- 37	30		
	N	lame of Person	•	Area Code & Daytime T	elephone Number		
Enclos	ed is a check	c for the following	amount:				
<b>□\$2</b> 5	5,00 Filing F	ee 🕅 \$30.00 Certi	Filing Fee & ficate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &	
	N	MAILING ADDRI	ESS:	STREET/COURIER	R ADDRESS:		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1142 Zinner Street = -
(Principal office address MUST BE A STREET ADDRESS)	Port charlotte = = =
	Floriza 33952 SE -
	TO THE PROPERTY OF
Enter new mailing address, if applicable:	1142 2: Med Arect 55 00
(Mailing address MAY BE A POST OFFICE BOX)	Pot charlotte BA 28
	Theriza 33952
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Effect 1 for fact street dual ess
·	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Zip code
They required by Figure 2 organization in changing regional to Figure	
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p	ete performance of my duties, and I am familiar with and

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

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 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 <u>Address</u> Type of Action ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) homas

Signature of a member or authorized representative of a member

Dated\_

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00