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FALLAHASSEE, FI ORIG.

D. BRUCE

MAY 1 0 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCEAN I	FRONT LAWN & LANDSCA	PING SERVICES LLC			
		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Edward Stahlin	Name of Person			
		Name of Person			
	Direct Incorporation				
		Firm/Company			
	123 N Ashley St STE 1			>	
		Address		2 2 3 4	
	_ Ann Arbor, MI 48104			CRETA	[]
	7 WW 7 W 5 G 1 W 1 T 5 T 5 T	City/State and Zip Code		-9 AM FARY OF ASSEE.	
	E-mail address: (to be used for future annual report notificati	ion)	FS	
For further information of	concerning this matter, please o	eall:		AM II: 35 OF STATE E. FLORIDA	
Edward Stahlir	1	at (<u>877</u>) <u>281-6496</u>			
	of Person	Area Code & Daytime To	lephone Number		
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &))

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

OCEAN FRONT LAWN & LANDSCAPING SERVICES 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	05/06/2010	and assigned
Florida document numberL10000049051			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here	2:	
Lawnsca	pes and Irrigation LLC_		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compar	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	ORESS)		Po no
			P. F.
			W-9
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u></u>	ORIDE ST
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ur records, <u>enter t</u>	\triangleright
Name of New Registered Agent:			
New Registered Office Address:	r.	El i la atracta da	
	Ent	er Florida street ada	1 ESS
	City	, Florida	Zip Code
	City		Lip Coae

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 = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
•			
			Add Remove
			Add Remove
			Add Remove
	· 		Add Remove
			Add Remove
D. If ame	nding any other information, enter change	(s) here: (Attach additional sheets, if necessar)	FILIANY-9 SEURETARY
_	April 26 . zo	1 7	FLORIDA
Dated	Tuli	or authorized representative of a member	
	Julio F	Francisco, Member or printed name of signee	 _
	r ypea o	n bruned usine of signee	

Page 2 of 2

Filing Fee: \$25.00