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(Re	questor's Name)	·
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EXAMINER



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02/17/12--01026--010 **25.00



COVER LETTER

Division of Co	rporations	•	
SUBJECT:		Management Group LI ted Liability Company	C REBIT PH 320
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	بري. ري. ري.
		James Clements	·
		Name of Person	
	C	Clements CPA Group	
		Firm/Company	·
	60	Spring Vista Dr Suite A	
		Address	
		DeBary, Fl 32713	
		City/State and Zip Code	
	E mail address: (1	pajac@peoplepc.com to be used for future annual report notific	ration)
For further information	concerning this matter, please c	·	anony
lar	mes Clements	at (386)	753-1160
	of Person	Arca Code & Daytime	
Enclosed is a check for	the following amount:		
▼\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

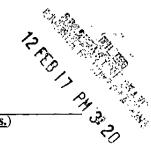
TO:

Registration Section

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



Grassmasters Land Management Group 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 _	January 10, 2011	and assigned	
Florida document number L11000003626	_ 			
This amendment is submitted to amend the following:	:			
A. If amending name, enter the new name of the li	imited liability company h	<u>iere</u> :		
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Con	npany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD)	DRESS)			
Enter new mailing address, if applicable:			<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)				
			<u> </u>	
B. If amending the registered agent and/or reg	•	n our records, enter the	e name of the new	
Togistore and the state of the				
Name of New Registered Agent:	<u> </u>			
New Registered Office Address:	,			
		Enter Florida street address		
_	City	, Florida	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
MGRM	Vincent Luise	PO Box 4098 Deltona, Fl 32713	Add Remove				
	· · · · · · · · · · · · · · · · · · ·		Add _ Remove				
			Add Remove				
· ······			Add Remove				
			Add Remove				
			Add Remove				
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_				
	•		_ ·				
	5.h 0		-				
Dated	February 9 , 201	<u>12.</u> .					
	Signature of a member of	or authorized representative of a member					
		/incent Luise					
	Typed o	or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00