L11000045576

Office Use Only



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2011 HAY 10 AM 10: 37
SECRETARY OF STATE A

J. SAULSBERRY EXAMINER

MAY 11 2011

COVER LETTER

DIVISION	or Corporations	•			
SUBJECT:	ECOWIS	SE LAWNS, LLC			
Sebule 1.		ited Liability Company		_	
The enclosed Arti	cles of Amendment and fee(s) are sul	bmitted for filing.			
Please return all c	orrespondence concerning this matter	r to the following:			
	LEONA J RAY				
		Name of Person			
		Firm/Company		_	
1	4321 NW 7TH STREET				
		Address		<u>∸</u> (. ►	
	PLANTATION, FLORIDA 33317			MIII H	tamping.
	LEON	City/State and Zip Code ARAY@BELLSOUTH to be used for future annual rep	I.NET	2011 HAY 10 *SECRETAR) FALLAHASSI	
For further inform	E-mail address: (nation concerning this matter, please of		oort notification)	AM 10: 37 Y OF STATE EE, FLORID	
	LEONA J RAY	at (_954_)	792-0363	D: 37	- Admir
Name of Person		Area Code &	Daytime Telephone Num	ber	
		at (<u>954)</u> Area Code &			

\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

TO:

Registration Section

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

STREET/COURIER ADDRESS:

\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOIL ENHANCEMENT PRODUCT, 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 C Florida document number L11000045576	ompany were filed on	APRIL 28, 2011	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company he	ere:		
ECOWI	ISE LAWNS, LLC			
The new name must be distinguishable and end with the wor. "L.L.C."	ds "Limited Liability Comp	pany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:		E.	20	
(Principal office address MUST BE A STREET ADDR	ESS)			
	<u> </u>			
		- S- - M- - M-		
Enter new mailing address, if applicable:	<u></u>	in in	T 5	
(Mailing address MAY BE A POST OFFICE BOX)				
		DA	- -	
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, enter the	e name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, 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 = M MGRM =	anager Managing Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
,			Add Remove
			Add Remove
			Add Remove
	<u></u>		Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	
		:	2011 HAY 10 AM SECRETARY OF TALLE MHASSEE. F
 			AM 10: 37 DF STATE OF LORIDA
Dateu	() ·	or authorized representative of a member OHN E LADUE or printed name of signee	

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Filing Fee: \$25.00