11200012536

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

JUN 11 2012

EXAMINER



500235970375

06/07/12--01009--014 **60.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EMPRISES ILLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number L12000072536	were filed on MAY 31 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
LAWN MONSTAH, I	LLC
The new name must be distinguishable and end with the words "Limit"L.L.C."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	P.O. Box 6842
(Mailing address MAY BE A POST OFFICE BOX)	NORTH PORT, FLEE 5
(FILED WRONG ZIP (ODE) ->	34290
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Entor Florida atreat address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 **Address Type of Action** Add Remove ☐ Add Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated __ Signature of a member or authorized representative of a member

Page 2 of 2

NDREW BROWN
Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

TO: Registration Sec Division of Corp					
subject: BRO	WN & SON (ENTERPRISES, L	LC		
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	ANDREV	Name of Person	<u> </u>		
	**************************************	Firm/Company			
	2506	SAHARA LANE			
	NORTH PO AJBROWH	City/State and Zip Code CMAIL MY OFFIC o be used for future annual report notificat	6 E. COM		
For further information co	ncerning this matter, please c				
ANDREW Name of	BROWN	at (941) 404 - S	clephone Number		
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & 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