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TALLAHASSEE, FLORIDA

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B. BOSTICK
FEB 28 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

All Pro Sod Solutions, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Christian

Name of Person

All Pro Sod Solutions, LLC

Firm/Company

6039 Cypress Gardens Blvd #501

Address

Winter Haven, FL 33884

City/State and Zip Code

Allprosodolutions@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Christian

Name of Person

at (863) 651-5249

Area Code & Daytime Telephone Number

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)

☐ \$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

TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ALL PRO SOD SOLUTIONS, 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 11/26/2012 and assigned
Florida document number L/2000148050

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6039 Cypress Gardens Blvd
#501
Winter Haven, FL 33884

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Stephanie Christian
5415 Lake Howell Rd
Enter Florida street address
Winter Park, Florida 32792
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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tori Hall	5415 Lake Howell Rd	<input type="checkbox"/> Add
		Winter Park FL 32192	<input checked="" type="checkbox"/> Remove
MGR	Stephanie Christian	5415 Lake Howell Rd	<input checked="" type="checkbox"/> Add
		Winter Park FL 32192	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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ALL INFORMATION CONTAINED
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DATE 11-13-95 BY SP-10/BJL/STP

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated Feb. 25 2013



Signature of a member or authorized representative of a member

Stephanie Christian

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA