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SECRETARY OF STATE

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COVER LETTER

| TO: Registration Section Division of Corporations |
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| SUBJECT: Southern Ground Lawn & Land Scaping 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: |
| Steven E LeBane Name of Person |
| Southern Grands Lawn & Landscaping LLC Firm/Company |
| 115 Espring Street / P.O. Box 725 |
| DeLean Springs F1. 32130 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Steven E Le Blanc at (386) 872-2416 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\$30.00 Filing Fee \$\$ Certificate of Status \$\$ 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Southern Grounds & 1 (Name of the Limited Liability Com (A Florida Limite | pany as it now appears on our records.) d Liability Company) |
|---|--|
| The Articles of Organization for this Limited Liability Compar Florida document number 15000159209. | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited lia Southern Grounds Lawn & Lo The new name must be distinguishable and contain the words "Limited Lia | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | 115 E Spring Street Deleon Spring, Fl. 32130 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | P.O. Box 725 DeLean Springs FL 32130 |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | office address on our records, <u>enter the name of the newere</u> : |
| 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 Agen | <u>ıt:</u> |

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 605, F.S. Of 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

| <u>tle</u> | <u>Name</u> | Address | Type of Action |
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Filing Fee: \$25.00