## 122110135277

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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Division of (	i Section Corporations		
CLID ITTATE	n Green Lawns LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Levi Odom		
		Name of Person	<del> </del>
	<del></del>	Firm/Company	<u> </u>
	130 Twin Lakes Rd		
		Address	
	Eastpoint, FL 32328		
	odomlevi@yahoo.com	City/State and Zip Code	<del>.</del>
	<del></del>	to be used for future annual report n	otification)
For further information	on concerning this matter, please c	all:	
Michael Davino		321 412-4588	
Nar	ne of Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for	or 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 Add		Street Address:	
Registration of Division of the Control of the Cont	on Section  f Corporations	Registration S Division of C	
P.O. Box 6		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Green Lawns LLC

(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li Florida document number L22000135277		areassigned
This amendment is submitted to amend the following	owing:	R 29
A. If amending name, enter the new name of	f the limited liability company here:	A 0:
Coastal Greens LLC		0
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the	abbreviation 'L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or ragent and/or the new registered office address	registered office address on our records, enter the na	me of the new registered
	<del></del>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	I Novida	
	, Florida _	Zip Code
New Registered Agent's Signature, if changing I	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 605. 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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