

PO/000024864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

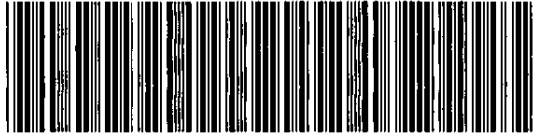
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
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AMEND
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10/30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2009

JOHN P. LAUDENSLAGER
JOHN P. LAUDENSLAGER, P.A.
PO BOX 1460
NOKOMIS, FL 34271-1460

SUBJECT: EMERALD CUT LAWN SERVICE, INC.
Ref. Number: P01000024864

We have received your document for EMERALD CUT LAWN SERVICE, INC. .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

There is a balance due of \$43.75. Refer to the attached fee schedule for a
breakdown of the fees. Please return a copy of this letter to ensure your money is
properly credited.

The fee to file articles of amendment is \$35. Certified copies are optional and are
\$8.75 for the first 8 pages of the document, and \$1 for each additional page, not
to exceed \$52.50.

If you have any questions concerning the filing of your document, please call
(850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 809A00032853

RECEIVED
2009 OCT 26 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Emerald Cut Lawn Service, Inc.

DOCUMENT NUMBER: P01000024864

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John P Laudenslager

Name of Contact Person

John P Laudenslager, P.A.

Firm/ Company

P.O. Box 1460

Address

Nokomis, FL 34274-1460

City/ State and Zip Code

jpl@gate.net

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

For further information concerning this matter, please call:

John P Laudenslager

Name of Contact Person

at (941)

485-0225
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

Mailing Address

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

Street Address

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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D / P</u>	<u>Douglas Swimm</u>	<u>2107 River Ridge Drive</u> <u>Sarasota, FL 34239</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D / VP</u>	<u>Craig Hoffman</u>	<u>4505 McIntosh Lake Ave</u> <u>Sarasota, FL 34233</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>D</u>	<u>2- Roger & Sandra McNeely</u>	<u>7555 Saddle Creek Trail</u> <u>Sarasota, FL 34241</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: September 15, 2009
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

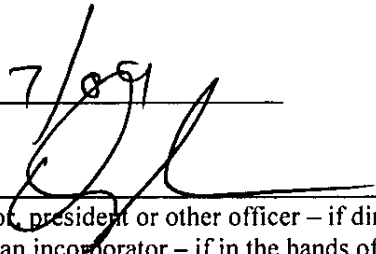
The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

“The number of votes cast for the amendment(s) was/were sufficient for approval
by _____.”
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/7/09

Signature 
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Douglas Swimm
(Typed or printed name of person signing)

President
(Title of person signing)