107000127642

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COVER LETTER

	istration Sec ision of Corp						
etininer.	Grasso's Lav	vn & Landscape, LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
		Lee Grasso					
		811	Name of Person		-		
		Grasso Lawn & Landscape	:				
			Firm/Company		-		
		330 Cumberland Avenue				21	
Address Ormond Beach, Florida 32174				2010 OCT 3 I			
			City/State and Zip Code		- (1)		
		E-mail address: (to be used for future annual report	I notification)	() # (P) (PH 3: 81	•
For further in	nformation co	ncerning this matter, please ca	all:		₹	Ø)	
Lee Grasso			386 547-073	9 sytime Telephone Number			
	Name of	Person	Area Code Da	iytime Telephone Number	Г		
Enclosed is a	check for the	e following amount:					
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Stat		

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

Grasso's Lawn & Landscape, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L07000127642</u>	pany were filed on December 27, 2007	and assigned
This amendment is submitted to amend the following:	applicable: **POST OFFICE BOX)** applicable: **POST OFFICE BOX** **Post of agent and/or registered office address on our records, enter the name of the new ew registered office address here:	
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		55. W
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>်</u> း မှ
Graning address 19711 DE 711 OOT OF FICE DOIL		0,2 %
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		enter the name of the new
Name of New Registered Agent:		 -
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com- accept the obligations of my position as registered agen- being filed to merely reflect a change in the registered of	plete performance of my duties, and it as provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Angela M. Grasso	330 Cumberland Avenue Ormond Beach, Florida 32174	
			Remove
			Change
			Remove
			Change
			🗆 Add
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ective date, if other than the dat	October 17, 2018	(anti-	•	
ective date, if other than the date in effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department.	does not meet the applicable statut	iling or more than 90 days after ory filing requirements, this	filing.) Pursuant to s date will not be	605.020 listed as
record specifies a delayed ef The 90th day after the record	ective date, but not an effective date, but not an effect is filed.	ective time, at 12:01 a	a.m. on the ea	rlier o
October 17	2018			
Li ho	lature of a member or authorized repre			
- Cim	ature of a member or authorized repre	sentative of a member	· · · · · · · · · · · · · · · · · · ·	-

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Filing Fee: \$25.00