# L14000063938

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SECRETARY OF STATE

N. Outilgan MAY - 5 2014

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

GRANADOS LAWN SERVICE,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:

## GRANADOS, WILLIAM A

Name of Person

Firm/Company

# 2419 AVE BARCELONA ESTE

Address

WEST PALM BEACH, FL 33415

City/State and Zip Code

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

For further information concerning this matter, please call:

## WILLIAM A GRANADOS

<sub>.</sub>,561、543-3722

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

□ \$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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 APR 28 AM II: 51

	Or	SECRETARY OF STATE
Granadus La		Call AHASSEE, FLORIDA
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabilit Florida document number L14000063938	y Company were filed on <u>04/18/2</u>	014 and assigned
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and end with the words	'Limited Liability Company," the designate	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET AD	DRESS)	<del>-</del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ecords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	1 address
	Lines 1 wind siree	
	City	, Florida 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action MGN** WILLIAM A GRANADOS 2419 AVE BARCELONA ESTE WEST PALM BEACH, FL 33415 □ Add SR **■** Remove □ Add \_□ Remove □ Add □ Remove \_□ Add \_□ Remove □ Add ☐ Remove □ Add □ Remove

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ffective date, if other than the date he effective date must be specific, cannot be phe date this document is filed by the Florida D	prior to date of receipt or filed date and cannot be more than 90 days	o <b>nal)</b> after
APRIL 24	2014	
Signa	ture of a member or authorized representative of a member	
WILLIAM A GRA	•	

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Filing Fee: \$25.00

