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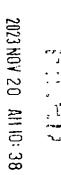
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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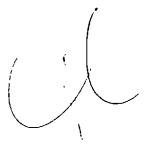
Office Use Only



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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, Fl. 32314

	nd Scraping LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	bmitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Grant Brosseau			
		Name of Person	<del></del>	
	Estates Land Scraping LL	C		
	,	Firm/Company		
	4380 Wilson Blvd N.			
		Address		
	Nuples, Florida 34120			. ~
		City/State and Zip Code		023
	info@jestatesls.com			VOV.
For further information c	b-mail address; ( concerning this matter, please c	to be used for future annual report noti all:	fication) - '	20
Grant Brosseau		239 253-6141	:	2023 NOV 20 AH 10: 38
Name o	of Person	Area Code Daytime	e Telephone Number	<del>မင်</del> ထ
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filin	ig Fee,
Certificate of Status Certified Copy Certified  (additional copy is enclosed) Certified				of Status &
Check Cashoo	e 11/23/23			
See ATT	•			
Mailing Address Registration S Division of C	s: Section	<u>Street Address:</u> Registration Sec Division of Corp		
P.O. Box 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Estates LandScraping LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited l	ny as it now appears on ou Liability Company)	ir records.)	
The Articles of Organization for this Limited L Florida document number L14000126903		were filed on	14	_ and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
Estates Land Solutions LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designat	ion "LLC" or the abbig	eviaticas L.L.C."
Enter new principal offices address, if applicable:		391 24th Ave NE		023 N
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)		Naples, Florida 3412	20 5	— <del>V</del> — — — — — — — — — — — — — — — — — — —
			<u>ن                                     </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME	·	40
B. If amending the registered agent and/or ragent and/or the new registered office addre		address on our record	s, <u>enter the name (</u>	of the new register
Name of New Registered Agent:	Grant Brosseau	1		
New Registered Office Address:	391 24th Ave N	N.E		
		Enter Florida stre	eet address	<del></del>
	Naples		Florida	0
		City	<del></del>	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 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

Title	<u>Name</u>	<u>Address</u>	Type	e of Action
MGRM	Michael Goodman	391 24th Ave NE	<b>=</b> .	Add
		Naples, Florida 34120		Remove
				Change
MGRM	Jack Strong	2390 8th Ave S.E	0.	Add
		Naples, Florida 34117	782	Remove
		·	73 NON 57	Change
			120	Add : U
			<u></u>	Add FF Semove
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ective date, if other than the neffective date is listed, the date mus	date of filing: be specific and canno			iore than 90 day		Suant to 60	- - 05.02
rument's effective date on the De	partment of State's	records.					
reord specifies a delayed effective s filed.	date, but not an ef	fective time,	at 12:01 a.m.	on the earlier	of: (b) The 90	th day aft	er the
November 12	20	23					
	·-	·-································					
=							
NR	OSSIGNATURE Of a member						

Filing Fee: \$25.00