Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : NATALIE M. BURNS PL

Account Number : 120140000036 Phone : (305)733-8223

Fax Number : (561)450-5105

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emall	Address:	!		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GRC LANDSCAPING II LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTIC	LES OF AMENDMI	· •(((1115 FNT	5000099034 3)))
	TO	-11 E	
ARTICI	ES OF ORGANIZA	TION	The state of the
MITCE	OF	HON	
	01		
GRC LANDSCAPING II LLC	:		and assigned. 20
(Name of the Limited Lig	bility Company as it now appea	ers on our records.)	
(A Fla	rida Limited Liability Company)		
The Articles of Organization for this Limited Liability	v Company were filed on	9/10/2014	and accorded.
Florida document number L14000141632			and assigned
Florida document number 114000141002	·		7
This amendment is submitted to amend the following	:		,
A Y6 and - 55 and - 40 and - 40 and - 60 and - 6			
A. If amending name, enter the new name of the l	imited liability company h	<u>ere</u> :	
The new name must be distinguishable and end with the words	"Limited Liability Company," the	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re	gistered office address o	n our records, <u>enter</u>	the name of the new
rcuistered agent and/or the new registered office a	ddress here:		
	TON DOTUA		
Name of New Registered Agent:	EON BOTHA		
New Registered Office Address: 70	131 Ventura Ct	,	Ų.
		orida street address	
	Rectiond.	. Florida	33047
	City	, Fiorida	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

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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
MGR	ARIEL POPLACK	4100 N. POWERLINE RD. T-	- 1 □ Add
		POMPANO BEACH, FL 3307	73 Remove
MGR	ULTIMATE RETAIL SOLUTIONS LLC	6126 WESTERN WAY	Y ■ Add
		LAKE WORTH, FL 3346	3 El Remove
			Remove
			∏ Remove
			Add
			□ Remove
			Add
			CI Remove

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2015-04-22 22:21 33 (GMT)

15616580548 From: Natalie Burns

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	(((H15000099034 3)))
	
	
E. Effective date, if other than the date of filing: (optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	
Dated APRIL 22 2015	
Reskock	****
Signature of a member or authorized representative of a member ARIEL POPLACK	
Typed or printed name of signed	

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Filing Fee: \$25.00

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