Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160001624613)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILINGS, INC. Account Number : 072720000101

Phone : (850)385-6735

: (954)641:-4192 Fax Number

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

ö

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

Electronic Filing Menu

Corporate Filing Menu

Help

07/08/2016 9:05AM FAX 9546414192

BLACKSTONE LEGAL SUPPLIE

H16000162461

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 JUL -6 AM 8: 17
SECRETARY OF STATE ALLAHASSEE. FLORIDA

GRC LANDSCAPING II LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabil Florida document number L14000141632	lity Company were filed on SEPT 10 2014	and assigned		
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."		
Euter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO. B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records,	enter the name of the nev		
	. 4444 410 1124			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
_	, Florida			
.	City	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

Page 1 of 3

H16000162461

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 of Action
AMBR	DEON BOTHA	6126 WESTERN WAY	🖸 Add
		LAKE WORTH FL 33463	■ Remove
			Change
MGR	DANIEL GOLDSTEIN	4100 N POWERLINE ROAD	D Add
		SUITE T-1	■ Remove
		POMPANO BEACH FL 33071	☐ Change
MGR CINDY GOLDSTEIN	CINDY GOLDSTEIN	4100 N POWERLNE ROAD	= Add
		SUITE T-1	□ Remove
		POMPANO BEACH FL 33071	□ Change
AMBR	DR WILLIAM GOLDSTEIN	4100 N POWERLINE ROAD	Add
	,	SUITE T-1	
		POMPANO BEACH FL 33071	☐ Change
	·		DAdd 28 ALL AND
			ORIGINAL TO Remove
			Change

H16000162461

					
			· · · · · · · · · · · · · · · · · · ·		
			<u> </u>		
	•				
					
		· 		P	20.6
				, , ,	
					15 S
·					四年 墨
					<u> </u>
					
			_,		
ffective date, if other the an effective date is listed, the local inserted in ocument's effective date of the comment's effective date of the comment's effective date.	this block does not	t meet the applicable :	e of filing or more than 9 stanutory filing require	(optional) 0 days after filing.) Pu ments, this date will	rsuant to 605.0207 (3 I not be listed as th
e record specifies a d The 90th day after t	elayed effective ne record is filed	: dațe, but not an d.	effective time, al	: 12:01 a.m. on	the earlier of:
Dated		2016			
(N	rdy. Sola	to	representative of a men		<u>.</u>
	Signature of	a member or authorized	representative of a men	ber	
CINDY J GOLD	C'CCIN				

Page 3 of 3

Filing Fee: \$25.00