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(Re	equestor's Name)	
(Ac	ldress)	
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(Ĉi	ty/State/Zip/Phone	e #)
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EEGREGARI OF STREET

2016 JUL -9 PH 2:

COVER LETTER

TO:	Registration Se Division of Cor			
		ndscape and Grading, LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Płease	return all correspo	ndence concerning this matter	to the following:	
		Patricia Jorge		
			Name of Person	
		Brevard Landscape and Gr	rading, LLC	
			Firm/Company	
		2600 Crooked Antler Drive	e	
			Address	
		Melbourne, FL 32934		
			City/State and Zip Code	
		patricia.jorge1@gmail.com	to be used for future annual report not	(Manting)
P 6	at ! Co 4 :		·	meation
		oncerning this matter, please ca		
Patrici	ia Jorge		321 750-1620 at ()	
	Name o	f Person		ne Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2.	5.00 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:

TO:

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

Brevard Landscape and Grading, LLC				
(Name of the Limited) (A	Liability Compa Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on July 23, 2015 and assigne and assigne and assigned and assigned the Liability Company were filed on July 23, 2015 and assigned the Liability Company were filed on July 23, 2015 and assigned the Liability Company were filed on July 23, 2015 and assigned the Liability Company were filed on July 23, 2015 and assigned the Liability Company were filed on July 23, 2015 and assigned the Liability Company were filed on July 23, 2015 and assigned the Liability Company were filed on July 23, 2015 and assigned the Liability Company were filed on July 23, 2015 and assigned the Liability Company were filed on July 23, 2015 and assigned the Liability Company were filed on July 23, 2015 and assigned the Liability Company were filed on July 23, 2015 and assigned the Liability Company were filed on July 23, 2015 and assigned the Liability Company were filed on July 23, 2015 and assigned the Liability Company were filed on July 23, 2015 and assigned the Liability Company were filed on July 23, 2015 and assigned the Liability Company were filed on July 23, 2015 and assigned the Liability Company were filed on July 23, 2015 and assigned the Liability Company were filed on July 23, 2015 and assigned the Liability Company were filed on July 23, 2015 and assigned the Liability Company were filed on July 24, 2015 and assigned the Liability Company were filed on July 24, 2015 and assigned the Liability Company were filed on July 24, 2015 and assigned the Liability Company were filed on July 24, 2015 and assigned the Liability Company were filed on July 24, 2015 and assigned the Liability Company were filed on July 24, 2015 and assigned the Liability Company were filed on July 24, 2015 and assigned the Liability Company were filed on July 24, 2015 and assigned the Liability Company were filed on July 24, 2015 and assigned the Liability Company were filed on July 24, 2015 and 25, 2015				
his amendment is submitted to amend the following	ng:			
a. If amending name, enter the new name of th	e limited liab	ility company here:		
he new name must be distinguishable and contain the word	s "Limited Liabil	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."	
Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		2600 Crooked Antler Drive		
		Melbourne, FL 32934		
nter new mailing address, if applicable:		2600 Crooked Antler Drive Melbourne, FL 32934		
. If amending the registered agent and/or		fice address on our records, en	ter the name of the	
egistered agent and/or the new registered office		<u>ε</u> :		
Name of New Registered Agent:	Patricia Jorge			
New Registered Office Address: 2600 C		Antler Drive	2018 7. E. F.	
	Melbourne	Enter Florida street address, Florida	32904 J	
	· · ·	City	Zip Code	
lew Registered Agent's Signature, if changing Reg	istered 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, Mignature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Samuel Bowman	2880 Appaloosa Boulevard	
		Methourne, FL 32934	
			■ Remove
			Change
MGR	Patricia Jorge	2600 Crooked Antler Drive	Add
		Melbourne, FL 32934	□ Remove
			Change
			☐ Remove
		Change	
		·	Remove
			Change 7
			Add Remove 67
			□ Change
	 		
			□ Remove
			Change

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Effective date, if other than the date of filing:	(optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requi document's effective date on the Department of State's records.	90 days after filing.) Pursuant to 605.02	
the record specifies a delayed effective date, but not an effective time, and the second is filed.	at 12:01 a.m. on the earlier	of:
Dated June 22 . 2018.		
Signature of a member or authorized representative of a me	:mber	
Samuel Bowman		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00