# 118000/63790

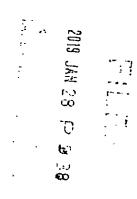
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	f Status
Special Instructions to	o Filing Officer:	

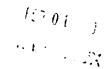
Office Use Only



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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Superior Grassworks, 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:
Sebastian Ecknoth
Superior Grassworks, LLC Firm/Company
1024 Collins Ave
Orange City FL 32763 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sebastian Ectroth at (386), 473-2514  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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

Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on ban records:) 3 3 3 8 Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	• •	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab  Superior Grass works  The new name must be distinguishable and contain the words "Limited Liabil	Λ .	_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Cay Collins Ave Garge City FL 32763	<u> </u>
Enter new mailing address, if applicable:	Same as above	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		_
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:		new
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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: NIA MGR = Manager AMBR = Authorized Member **Type of Action** <u>Address</u> Title Name □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add \_□ Remove \_□ Change \_□ Add \_□ Remove

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ffect	ive date, if other than the date of filing: (optional)	
t`an eti <mark>Note:</mark>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department of State's records.	.0207 ed as
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er o
Dated	January 23 . 2019.	
	Signature of a member or authorized representative of a member	
	,	

Page 3 of 3

Filing Fee: \$25.00