

L18 000 212261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

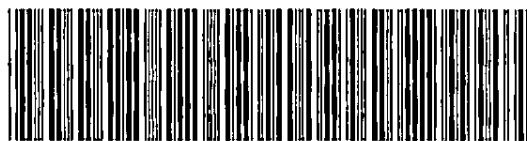
(Business Entity Name)

(Document Number)

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20 APR 23 PM 4:42

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APR 07 2023
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Central Elite Lawn Care 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:

Michael Graddy
Name of Person

Central Elite Lawn Care LLC
Firm/Company

2717 Aldine Cir
Address

Lakeland FL 33801
City/State and Zip Code

mdgraddy3@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Graddy at (863) 307-6963
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
20 APR 23 PM 4:42

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

20 APR 23 PM 4:42

(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 Liability Company were filed on 9-6-2018 and assigned
Florida document number L1800022261.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2747 Aldine Cir
Lakeland FL 33801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2747 Aldine Cir
Lakeland FL 33801

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Michael Grady

New Registered Office Address:

2747 Aldine Cir

Enter Florida street address

Lakeland

City

Florida 33801

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.

Michael Grady

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Daniel Stewart	4628 Magnolia Preserve Loop	<input type="checkbox"/> Add
		Winter Haven FL 33880	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Amber Stewart	4628 Magnolia Preserve Loop	<input type="checkbox"/> Add
		Winter Haven FL 33880	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael Goadby	2747 Aldine Cir	<input checked="" type="checkbox"/> Add
		Lakeland FL 33801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 4-20-2020 (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 20th 2020

Michael Graddy

Signature of a member or authorized representative of a member

Michael Graddy

Typed or printed name of signee