L18000256679

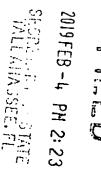
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COVER LETTER

	egistration Sec ivision of Corp						
eunirea		Removal LLC					
SUBJECT	·	Name of Limited Liability Company					
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please retu	rn all correspor	ndence concerning this matter	to the following:				
		JENNIFER FORTUNATO)				
			Name of Person				
		GRACE TRASH REMOV	'AL LLC				
			Firm/Company	 			
		2637 PALATKA RD					
		Address COTTONDALE, FL 32431					
			City/State and Zip Code				
		jennifer@themeranch.com					
		E-mail address: (to be used for future annual report notif	cation)			
For further	information co	ncerning this matter, please co	all:				
JENNIFE	R FORTUNAT	О	850 209-8920				
	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclosed is	s a check for the	e 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:

1

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

GRACE TRASH REMOVAL LLC

2019 FEB -4 PM 2: 23

(<u>Name of the Limited Liability (</u> (A Florida Lii	Company as it now appears on ou mited Liability Company)	TALL AMASULE, ET
The Articles of Organization for this Limited Liability Com Florida document number £18000256679	npany were filed on 11/01/201	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
GRACE UNDERBRUSH CUTTING LLC		
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	
	-	
<u>.</u>	City	Florida
New Registered Agent's Signature, if changing Registered A	·	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	d agree to act in this capact plete performance of my du it as provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
		 	Change
			□ Remove
			Change
			
		 	☐ Remove
			☐ Change
		<u> </u>	Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			Change

D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· 	

<u></u>	
	<u> </u>
Note: If th	late, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the hay after the record is filed.
Dated	January 14 . 2019
-	Signature of a member or authorized representative of a member
	Jennifer Fortunato
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00