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Grade A S	site Services L.L.C.				
50BJEC1:	Name of Lim	ited Liability Company			
The eficlosed Articles of	Amendment and fee(s) are sub	miltied for filling.			
Please return all correspo	ondence concerning this matter	to the following:			
	Phillip Ramirez				
		Norma of Per au.			
	Grade A Site Services L	rc			
		Firm/Company			
	12231 Main St STE 101	1			
		Address	•		
	San Antonio, FL 33576				
		City/State and Zip Code			
	gradeasiteservices@gma	ail.com			
	E-mail address: (to be used for future annual report not	fication)		
For further information c	oncerning this matter, please c	all:			
Phillip Ramírez		352 424- 858 5			
Name o	f Person	Area Code Daytim	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
(*) \$25,00 billing hee	Certificate of Status	S55,00 Faling Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed		
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Registration Section		Registration Se	Registration Section		
Division of C	•		Division of Corporations		
P.O. Box 632		The Centre of T			
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 8					

Tallahassee, FL 32303

Registration Section
Division of Corporations

TO:

TO ARTICLES OF ORGANIZATION OF

Grade A Site Services LLC (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/10/2019 Florida document number L19000012780 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: (Frincipal aline miniers biline in, annual, principalis) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: Enter Florida street address Cirv 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 Second in Configuration of the moduline was a flantitude expension for the configuration of the Configuration and in the configuration of the configuration 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Helen Johnson	11812 Chesterfield Rd Dade City, FL 33525	• Add
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