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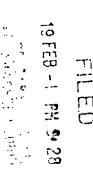
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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor			
0110 110		RADING SERVICES, LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		MARK KARPPE		
			Name of Person	····
			Firm/Company	
		7150 KARPPE LN		
		KATHLEEN FL 33849	Address	
		markkarppe@gmail.com	City/State and Zip Code	<u> </u>
For furt	her information c	E-mail address: ( oncerning this matter, please co	to be used for future annual report notific	ration)
MARK	KARPEE		813 714-3892 at ()	
	Name o	l'Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>■ \$</b> 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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KARPPE GRADING SERVICES, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on JANUARY 17,2019	and assigned
Florida document number L190000019614	<u>-</u> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del> _
(Principal office address MUST BE A STREET ADDR	ESS)	
		***************************************
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		ē≥ N
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JUDY KARPPE	7150 KARPPE LANE. KATHLEEN FL 33849	Add
			■ Remove
			☐ Change
MGR	MARK KARPPE	7150 KARPPE LANE. KATHLEEN, FL 33849	Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Remove
		<u></u>	Change
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ffective date, if other than the an effective date is listed, the date must be ate. If the date inserted in this bloocument's effective date on the De	ock does not meet the applicab	date of filing or more than 9 le statutory filing require	(optional) ) days after filing.) Pursuant to 6 ments, this date will not be li	05.0207 sted as
e record specifies a delayed The 90th day after the reco	effective date, but not ord is filed.	an effective time, at	12:01 a.m. on the ear	lier of
JANUARY 30.	2019			
N	7 , 11	•		
	4.1.1.1	<i>- - -</i>		

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Typed or printed name of signee

Filing Fee: \$25.00