K20000011305

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COVER LETTER

TO:		istration S sion of Co	ection rporations				
:1:D 1U/	on.	Highway l	andscape, L	LC			
SUBJEC	υ I ;			Name of Lim	ited Liability Company		
The encl	losed	Articles of	Amendment	and fee(s) are sub	mitted for filing.		
Please ro	eturn	all corresp	ondence cond	erning this matter	to the following:		
			Hans Kr	ieg			
					Name of Person		
			Highwa	y Landscape, LLC			
					Firm/Company		
			3603 Oa	ik Street #3			
					Address		
			Jackson	ville, FL 32205			
			Hans@H	ighwayl andscape	City/State and Zip Code		
			-		to be used for future annual re	eport notification)	
or furth	ier in	formation (concerning th	is matter, please c	all:		
		4NS	KRIE	6	at (<u>904</u>)	545 - 73 Daytime Teleph	12
	7'	Name (of Person	/	Area Code	Daytime Teleph	one Number
Enclosed	l is a	check for t	he following	amount:			
□ \$25.	.00 F	iling Fee		D Filing Fee & ificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enck		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 61 27 Tallahassee FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Highway Landscape, LLC

2021 NOY -8 PM 2: 30

(Name of the Limited Liability Compar	iv as it now appears on o	our records.)
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iability Company)	SECRETA IV OF STAFF
The Articles of Organization for this Limited Liability Company Florida document number 1.20000011305	were filed on <u>01/06/20</u>	020 and assigned
This amendment is submitted to amend the following:		
A. If amending name enter the new name of the limited liabi	lity company here:	
Crieg Companies, LLC		
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design:	ation "LLC" or the abbreviation "L.L.C."
Inter new principa! offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	ddress on our record	ds, <u>enter the name of the new register</u>
New Registered Office Address:	Facr Florida st	reet address
		. Florida
	Cuy	Zip Code
lew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the expointment as registered agent and agree provisions of all statutes relative to the proper and complete peccept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my c rovided for in Chap	luties, and I am familiar with and ter 605, F.S. Or, if this document is

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>Nanye</u>	<u>Address</u>	Type of Action
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
	-		□Change
			□Remove
			□Change

<u> </u>	
	
	<u>/</u>
/	
Note: If the date i iserted in this	just be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3), 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.
the record specifies a delayed effect cord is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated November 6	2021
	 · ·
Dateti	

ET. E 635.00

Typed or printed name of signee