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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Ligh	tscares land scar	relighting, net Lited Liability Company	LC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Arthur	Flar rand Name of Person	
		Name of Person	
	Garrand	Lend Scape Lighting Firm/Company	r-c
	29029 Pri	nceville de	
		Addicas	
	San Anton	City/State and Zip Code	
	<u>cuthurgarrand</u> E-mail address: (	E yoloo.com to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c		
Arthur 6	acrand	at (812) 997-4	213
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Addres Registration 9		Street Address:	ction
Division of C		Registration Se Division of Cor	
P.O. Box 632	27	The Centre of T	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our	records.)	
(A Fiorida Limited Li	abinty Company)		
The Articles of Organization for this Limited Liability Company v	vere filed on 2/14	120	and assigned
Florida document number <u>L Z00000 25813</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
Garrand Landscare lighting LLC			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designatio	n "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		i <sup>‡</sup> ⊘;	20
		<u> </u>	
		<u> </u>	PR :
		<u> </u>	1 pm
Enter new mailing address, if applicable:			<b>*</b>
(Mailing address MAY BE A POST OFFICE BOX)			AR
		<u> </u>	
		S. C. Lin	$\sim$
B. If amending the registered agent and/or registered office ac	dress on our records,	enter the name of	the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	address	<del></del>
		D1 11	
	City	, Florida 2	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•		
I hereby accept the appointment as registered agent and agre-			• •
provisions of all statutes relative to the proper and complete p		~	
accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office of			
company has been notified in writing of this change.	iaa, coo, i nereny conji		

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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
	<u> </u>		
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			ALCAR PRemove HASSE
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