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(Red	questor's Name)
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COVER LETTER

TO: Registration Se Division of Cor		. •	
	Lawn and Landscaping Ilc		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JENNIFER BATEN HER	NANDEZ	
		Name of Person	
	LLC		
		Firm/Company	
	1020 LURAY AVE		
		Address	
	FORT MYERS FL 33916		
		City/State and Zip Code	
	GRASSCAPESLLC@YAF		.,
For further information c	e-mail address: (to be used for future annual report not all:	ilication)
JENNIFER		239 2656743	
Name o	f Person	Area Code Daytin	ne 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)
<u>Mailing Addres</u> Registration :	Section	<u>Street Address:</u> Registration Se	ection
Division of C P.O. Box 632		Division of Co The Centre of	-
Tallahassee,			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRACCO ARECTANNIAND LANDCCARNIC LLC

GRASSCAPES LAWN AND LANDSCAPING	G LLC	
(Name of the Limited Liability (A Florida I	Company as it now appears on our records. Limited Liability Company));
The Articles of Organization for this Limited Liability Co Florida document number L20000037624	empany were filed on 01/31/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter tl</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	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 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
P	JENNIFER BATEN HERNANDEZ	1020 LURAY AVE FT. MYERS FL 33916	■ Add
			□Remove
			□Change
Р	FELIX EFRAIN ORDONEZ MEJI A	1020 LURAY AVE FT. MYERS FL 33916	□Add
			□Remove
			🗏 Change
			🗆 Add
			□Remove
			□Change
	VII. VII. VII. VII. VII. VII. VII. VII.		□Add
			□Remove
			Change
	····		□Add
		41	□Remove
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Wonting data if ather them the	late of filing: 9-29-202		(optiona re than 90 days after filir	ig.) Pursuant to 605.0207
Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blocklocument's effective date on the Department.	ck does not meet the app	olicable statutory filing	requirements, this da	te will not be listed as t
f an effective date is listed, the date must <b>Note:</b> If the date inserted in this block	ck does not meet the app partment of State's recor	olicable statutory filing rds.	·	
f an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Deperture of the specifies a delayed effective	ck does not meet the app partment of State's recor	olicable statutory filing rds.	·	
f an effective date is listed, the date must Note: If the date inserted in this blocklocument's effective date on the Depter record specifies a delayed effective d is filed.  SEPTEMBER 29	ck does not meet the app partment of State's recor date, but not an effective	olicable statutory filing rds.	·	
f an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Deperture of the specifies a delayed effective d is filed.  SEPTEMBER 29	ck does not meet the app partment of State's recor date, but not an effective	olicable statutory filing rds. e time, at 12:01 a.m. or	n the earlier of: (b)	