

L20 000085368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

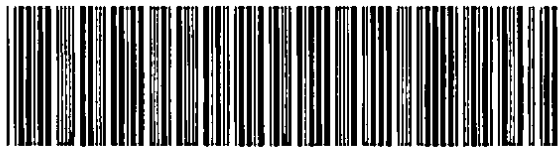
Certified Copies _____

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2/5/20

Special Instructions to Filing Officer:

Office Use Only



300354794323 /

11/12/20--01007--016 **25.00

2021 FEB -5 AM 8:00

Amend



2021 FEB -5 AM 7:11

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2020

DEBRON D. HARPER
KISS MY GRASS FL LLC
8208 PLANTATION LK. CIR.
SANFORD, FL 32771

SUBJECT: KISS MY GRASS FL LLC
Ref. Number: L20000085368

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent must sign accepting the designation.

ON LETTER A, IF YOU ARE NOT CHANGING THE ENTITY NAME, PLEASE REMOVE THE INFORMATION.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 720A00025645

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kiss My Grass FL LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DeBron D. Harper
Name of Person

Kiss My Grass FL LLC
Firm/Company

2025 E. Prairie cir.
Address

Deltona FL 32725
City/State and Zip Code

kissmygrassfl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DeBron D. Harper at (407) 431.8578
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
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**

Kiss My Grass FL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 19, 2020 and assigned
Florida document number L20000085368.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Kiss My Grass FL LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8208 Plantation Lk. Cir Sanford FL 32771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2025 E. Prairie cir. Deltona FL 32725

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DeBron D. Harper

New Registered Office Address:

2025 E. Prairie cir. .

Enter Florida street address

Deltona


City

, Florida 32725

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The Title of my company role is what needs to be changed from R.M to MGR also the address needs to be changed to 2025 E. Prairie Cir. Deltona FL 32725

Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this 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.

he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed.

Dated January 17

2024

Signature of member or authorized representative of a member

DeBron D. Harper

Typed or printed name of signee

Filing Fee: \$25.00