## L20 000 22 5406

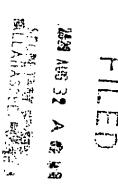
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## **COVER LETTER**

TO:	TO: Registration Section Division of Corporations							
cumur	err.	Grazz Scap	oes Lawncare LLC	•	:			
SUBJE	.CT:	Name of Limited Liability Company						
The enc	closed	Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please r	return	all correspor	adence concerning this matter	to the following:				
			Karen Lynn Smith					
				Name of Person				
		Grazz Scapes Lawncare, LLC						
Firm/Company								
			129 Sunsrise Vista Way					
			Address					
			Ponte Vedra, Florida 326	081				
				City/State and Zip Code				
			grazzscapeslawncare.llc(					
				to be used for future annual report notif	fication)			
For furt	her in	formation co	incerning this matter, please co	all:				
Karen	Lynn	Smith		724 858-7289				
		Name of	Person	at () Area Code Daytima	e Telephone Number			
Enclose	ed is a	check for the	e following amount:					
□ \$25	5.00 F	iling 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 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

Grazz Scapes Lawncare LLC		
(Name of the Limi	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited L lorida document number L20000225406	iability Company were filed on Jul	ly 29, 2020 and assigned
his amendment is submitted to amend the fol	lowing:	
a. If amending name, enter the new name of	of the limited liability company he	<u>:re</u> :
he new name must be distinguishable and contain the		esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET <u>ADDRESS)</u>	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or gent and/or the new registered office address.	registered office address on our ress here:	ecords, enter the name of the new registe
Name of New Registered Agent:	Karen Lynn Smith	- 151 
New Registered Office Address:	129 Sunrise Vista Way	
	Enter Flor	ida street address
	Ponte Vedra	Florida <sup>32081</sup>
	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jonathan A Smith	129 Sunrise Vista Way, Ponte Vedra, Florida 3	208 □ ∧dd
			Remove
			□Change
MGR 	Karen Lynn Smith	129 Sunrise Vista Way, Ponte Vedra, Florida 3	208 
			□Remove
			□Change
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		<del> </del>	Remove
			Change
			□ Add
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ctive date, if other than the	date of filing:				(ontio	nal)	
etive date, if other than the effective date is listed, the date muse: If the date inserted in this bloom	be specific and c	annot be prior to	date of filin	g or more than	90 days after the	ling.) Pursuant to	605,020
iment's effective date on the De	partment of Sta	ate's records.	ore statutory	y ming requi	enens, ans	iate will not be	: iisted as
ord specifies a delayed effective filed.	date, but not a	n effective tim	e, at 12:01	a.m. on the e	earlier of: (b)	The 90th day	after the
August 29		2020					
		10	C	0			
	well	- Vus	m				_
	Signature of a me	embertor authori	VOTE DIRECTO	itative of a mo	mber		

Filing Fee: \$25.00