

120 000 225 406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

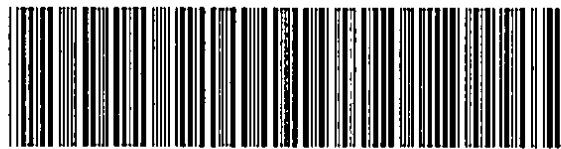
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300376666143

11/19/21--01009--012 **25.00

12-7-21

TAS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 NOV 19 PM 3: 21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Grazz Scapes Lawncare, 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:

Michael Rohloff

Name of Person

Grazz Scapes Lawncare, LLC

Firm/Company

101 Marketside Ave Ste 404-99

Address

Ponte Vedra, FL 32081

City/State and Zip Code

michaelrohloff100@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Rohloff

954 665-7510
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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 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 July 29, 2020 and assigned Florida document number L20000225406.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

101 Marketside Ave Ste 404-99

(Principal office address MUST BE A STREET ADDRESS)

Ponte Vedra, FL 32081

Enter new mailing address, if applicable:

101 Marketside Ave Ste 404-99

(Mailing address MAY BE A POST OFFICE BOX)

Ponte Vedra, FL 32081

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:

Michael Rohloff

New Registered Office Address:

101 Marketside Ave Ste 404-99

Enter Florida street address

Ponte Vedra

Florida 32081

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, enter the title, name, and address of each person being add or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Smith, Johnathan	129 Sunrise Vista Way	<input type="checkbox"/> Add
		Ponte Vedra, FL 32081	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Smith, Karen	129 Sunrise Vista Way	<input type="checkbox"/> Add
		Ponte Vedra, FL 32081	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Rohloff, Michael	101 Marketside Ave Ste 404-99	<input type="checkbox"/> Add
		Ponte Vedra, FL 32081	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	Peyser, Karyn	101 Marketside Ave Ste 404-99	<input checked="" type="checkbox"/> Add
		Ponte Vedra, FL 32081	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED
 FILED
 JAN 21 2009
 TAMPA, FLORIDA
 FIVE
 1

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

Multiple horizontal lines for amending information.

2021 NOV 19 PM 3:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

E. 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.

If the 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 record is filed.

Dated November 1, 2021

Signature of a member or authorized representative of a member

Michael Rohloff

Typed or printed name of signee