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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations						
OUR IDAM	Premier Coas	st Landscaping LLC					
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
		Jordan Lane					
		Name of Person					
	Prem	nier Coast Landscaping Ll	.C				
		Firm/Company					
	2172	2 W Nine Mile Rd, St 387					
	Address						
		Pensacola, FL 32534					
		City/State and Zip Code					
		ercoastlandscaping@gma					
		to be used for future annual	report notification)				
For further information e	oncerning this matter, please ca	all:					
Jorda	an Lane	850 at ()	860-2072				
Name o	f Person	Area Code	Daytime Telephone Number				
Enclosed is a check for the	ne following amount:						
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &				
Mailing Addres Registration S		<u>Street Ac</u> Registra	ldress: ition Section				
Division of C	orporations	Division of Corporations					
P.O. Box 632	7	The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Premier Coast Lan			
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appear ability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on	January 4, 2021	and assigned
Florida document number L21000012968			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company he	<u>re</u> :	
Grass Cowboys LI			
he new name must be distinguishable and contain the words "Limited Liability	y Company." the do	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		≕. 	
Principal office address MUST BE A STREET ADDRESS)	-	· ·	[.]
			<u>.</u> 5
		:	. P:
Enter new mailing address, if applicable:		<u></u>	5
Mailing address MAY BE A POST OFFICE BOX)			5
			•
3. If amending the registered agent and/or registered office ad gent and/or the new registered office address here:	ldress on our re	ecords, enter the name	of the new regist
Name of New Registered Agent:			
New Registered Office Address:	,, ,,	., 	
	Enter Flor	ida street address	
	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 added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			□ Change
		~··	□Remove
			∐Change
		 	LlRemove
			⊡Change
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			🗀 Remove
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fective dat	e, if other tha	n the date of fi	iling:			(option	al)	
n effective da o <mark>te:</mark> If the d	ate is listed, the dat late inserted in t	te must be specific his block does n the Department	and cannot be of meet the ap	prior to date of f oplicable statu	iling or more tha	ı 90 days after li	ling.) Pursuant to (ю5,020° isted as
ecord specil is filed.	lies a delayed ef	Tective date, but	not an effecti	ve time, at 12:	01 a.m. on the	earlier of: (b)	The 90th day a	fter the
ted	November	. 8		24	/			
				[
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		Signature o	of a member or	authorized cpro	esentative of a m	ember		