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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A Grade Law Care 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:
Dustin Rynberg
A Grade Lawn Care LLC
112 Colonia Lane E
Address
Nokomis FL, 34275
City/State and Zip Code Ryn berg 123 y G Gingil, Com E-man/address: (to be used for future addual report notification)
For further information concerning this matter, please call:
Name of Person at (231) b38-8300 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\sum \text{S25.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\sum \text{Certified Copy (additional copy is enclosed)}\$\$\$ 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

A Grade Law	n Care LLC	
(Name of the Limited Liability C	ompany as it now appears on our records.) mited Liability Company)	021
·		021
The Articles of Organization for this I, imited Liability Comp	nany were filed on March 15+	and assigned
1 7 1 (7) (0)	8	
Florida document number <u>L_Z_1()()()9970</u>	U	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
A Grade Pressure Wash	ina 1.1.C.	
The new name must be distinguishable and contain the words "Limited	Ligoility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same address	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered of	Tice address on our records enter the nan	ne of the new registered
agent and/or the new registered office address here:	nee address on our records, enter the nam	ie of the new registered
	\ /	1.7
Name of New Registered Agent:	X	
New Registered Office Address:	/ \	<i>i</i> ~
Ten registered Office radings.	Enter Florida street address	
	, Florida	
	, Fiorida	Zin 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</u> being added or removed from our records:

or remove	so tront our records:		
MGR =	Manager Authorized Member		
AMIDK -	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			[]Add
			Remove
			□Change
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
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			□Remove
			□ Change
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_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u> I	ye date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	$\frac{3/23/21}{2}$
	Signature of a member or authorized representative of a member
	Dustin Runberg