## 12/000/3/54

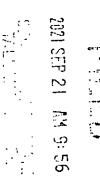
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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SEP 30 2021

## **COVER LETTER**

	tion Section of Corporations
SUBJECT:	Grand View Lawn Care LLC  Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Blanca lopez
	Name of Person  Grand View Lawn Care UC  Firm/Company
	13238 Bunn Cir Apt 48
	Tampa, FL 33612 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
	Ca Lop 12  at (317) 442 - 2886  Name of Person  Area Code Daytime Telephone Number Property P
Enclosed is a chec	k for the following amount:

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

	awn Care UC	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L21800131547</u> .	vere filed on 3)22 302	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office ad	923 E. Poinsett Tampa, FL 33	
agent and/or the new registered office address here:		10 63
Name of New Registered Agent:		121 SP 77
New Registered Office Address:	Enter Florida street address	
New Registered Agent's Signature, if changing Registered Agent:	, Florid:	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I covided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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>	Address	Type of Action
mgr	Jorge Hernandez	923 E. Poinsettia Ave	\Zi\dd
		Apt/Unit B	□Remove
		Tampa, FL 33612	□Change
AMBR	Jorge Hernandez	923 E. Poinsettia Ave	JAdd
		Apt/Unit B.	□Remove
		Tampa, FL 33612	□Change
MAR	Blanca López	923 E. Poinsettia Ave	<del></del>
		Apt/Unit B	□Remove
		Tampa, FL 33612	□Change
AMBR	Blanca lópez	923 E. Poin Settia Ave.	September 1988
		Apt/Wit B	Remove N
		Tampa, FL 33612 :	Gehange 🗍
			<u>∵</u> (⋛Ņdd
			□Remove
			□Change
			□Add
			□Remove
			□Change