

L21000139491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP



WAIT

☐

MAIL

(Business Entity Name)

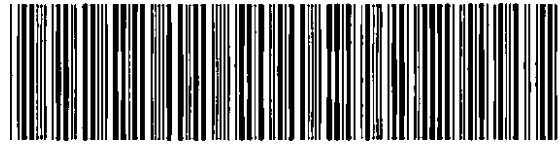
(Document Number)

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2021 APR 12 AM 3:56 PM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FL

APR 12 2021

## COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: Garye's Turf Lawn Care Plus, 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:

Christopher Garye Jr  
Name of Person

Garye's Turf Lawn Care Plus, LLC  
Firm/Company

1331 S Martin Luther King Jr Blvd  
Address

Tallahassee FL 32301  
City/State and Zip Code

Garye.Turf@gmail  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Garye at (950) 321 8473  
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

Garye's Turf Lawn Care Plus, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on April 5, 2021 and assigned  
Florida document number 621000139491

As amendment is submitted to amend the following:

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

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:

Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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

ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:


R = Manager  
BR = Authorized Member

<u>e</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
ABR	Cassius Garye	_____	<input type="checkbox"/> Add
		1331 S Martin Luther King Jr Blvd	<input checked="" type="checkbox"/> Remove
		Tallahassee FL 32301	
		_____	<input type="checkbox"/> Change
ABR	Kason Garye	_____	<input type="checkbox"/> Add
		1331 S Martin Luther King Jr Blvd	<input checked="" type="checkbox"/> Remove
		Tallahassee FL 32301	
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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(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)

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.

  
Signature of a member or authorized representative of a member

Christopher Garye Jr.  
Typed or printed name of signer