# L21000150218

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## **COVER LETTER**

FO: Registration Sec Division of Corp		. ,	
SUBJECT:	Warrpyo Lau Name of Lim	Mare LLC ited Liability Company	
	Amendment and fee(s) are sub ndence concerning this matter		
	Jordan_Ho	Name of Verson	
	Ciranapro La	Wncare UC Firm/Company	
	43 Anchors	S Way Address	
	Crawford vil	ie FL 32327  City/State and Zip Code  Octorrial Com	
For further information ec	E-mail address: to incerning this matter, please co	to be used for future annual report notif all:	fication)
Jordan Hac	Person	at ( <u>850</u> ) <u>933 - 2</u> Area Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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**

FILED

Grasupro Lawn care LLC	2025 FEB -3 PM 12: 29
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)  TALLAHASSEE. FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on 03 31 202 and assigned
Florida document number <u>L21000150218</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Grampro Lawreave Plus LLC The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	43 Anchors Way
(Principal office address MUST BE A STREET ADDRESS)	Crawfordville FL 32327
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: Jordon	Hackney
New Registered Office Address: 43 Hn	Enter Florida street address
Crawfo	Ordville Florida 32327  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>	Address	Type of Action
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Filing Fee: \$25.00