LZ10190470768

(Re	equestor's Name)	
(Ad	idress)	
Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP		
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u>	Office Use Onl]



2021 P.9 T P.9 7: 02 . ۔ .

fice Use Only



ARTICLES OF AMEN	DMENT
TO ARTICLES OF ORGA OF	VIZATION
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	Ciding wappears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were file Florida document number $\underline{L21000470768}$	d on OCTOBER 39th 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability comp</u> <u>Dn the Line Grading</u> LLC The new name must be distinguishable and contain the words "Limited Liability Compar	
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 address here:	ess on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	ter Florida street address
	, Florida
City New Registered Agent's Signature, if changing Registered Agent:	Zip Colle -
and the second standard in the second s	02

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, 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>	Name	Address	Type of Action
			C Remove
			Change
<u> </u>			Add
			Change
			🖸 Add
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			C Remove
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			Remove
			Change
			🗆 Add
	Page 2 o	f 3	

D. If amending any other information, enter change(s) here: (Attach	additional sheets, if necessary.)
	202
	MO.
E. Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of film, <u>Note:</u> If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of Sect.	or more than 00 down attack file. A feature of a construction
document's effective date on the Department of State's records.	ing requirements, this date with hor be inside as the
If the record specifies a delayed effective date, but not an effect (b) The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier of:
Dated November 1 with 2021	
3	
Signature of a member or sucharized and	
	anve of a member
Ohne Reyrs	
Dated November 16th, 2021 Signature of a member or authorized represent Shane Reyr.) Typed or printed name of sign	ee
Page 3 of 3	
Filing Fee: \$25.00	

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