

L22000455494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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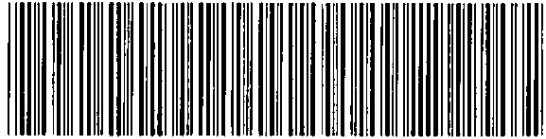
(Business Entity Name)

(Document Number)

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LLC NIC & Amend

06/26/23--01020--011 **25.00

FILED
2023 JUN 26 AM 11:54
CLERK OF STATE
ALABAMA

A. RAMSEY

AUG - 8 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREASEMAN SERVICES OF MIAMI 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:

Lauren Bengochea

Name of Person

iCLAD Law

Firm/Company

789 SW Federal Hwy, Suite 201

Address

Stuart, Florida 34994

City/State and Zip Code

eric@cuttingedgegift.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Bengochea

772

266-9810

at ()

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**

FILED
2023 JUN 26 AM 11:54
MIAMI TREASURY STATE
FILED

GREASE GUARDIAN SERVICES OF MIAMI LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/24/2022 and assigned Florida document number 122000455494.

This amendment is submitted to amend the following:

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

GREASE GUARDIAN CYCLE SERVICES, LLC

The 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)

1480 NW NORTH RIVER DR, APT 2618

MIAMI, FLORIDA 33125

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1480 NW NORTH RIVER DR, APT 2618

MIAMI, FLORIDA 33125

B. 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:

1480 NW NORTH RIVER DR, APT 2618

Enter Florida street address

MIAMI

Florida 33125

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Charles S French, Jr	273 Palm St, Mount Pleasant, SC 29464	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eric Chandler	1480 NW NORTH RIVER DR, APT 2618	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33125	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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 filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delay or 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.

Dated June 19 2023

Eric Chandler
Signature of a member or authorized representative of a member

Logic Handbook

Typed or printed name of signee