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2023 SEP 27 AN 7:50 SEORETHN ACTIONS

COVER LETTER

	stration Sec sion of Corp			
SUBJECT:	AMERICA :	GROW LANDSCAPE, LLC		
SOBJECT.		Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	-	
	·	ELISEO NICOLAS	_	
			Name of Person	
		AMERICA GROW LAN	DSCAPE, LLC	
			Firm/Company	
		PO BOX 1098		202 SE
		·	Address	
		BONITA SPRINGS, FLO	PRIDA 34133	2023 SEP 27 P
		americagrowlandscape@gr	City/State and Zip Code	cation) 75
		E-mail address: (to be used for future annual report notifi	cation) -19-50 05
For further inf	ormation co	ncerning this matter, please c	all:	1.1
ELISEO NIC	OLAS		239 319-7677	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a c	check for the	following amount:		
□ \$25.00 Fil	ing 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

AMERICA GROW LANDSCAPE, LLC

	iny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company		
Florida document number <u>L22000505890</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
AMERICA GROW LANDSCAPE & LAWN CARE, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		623 5EC
		SEP SEP
		27 27
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		177 C) -1 ox
		FA 50
B. If amending the registered agent and/or registered office angent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	e name of the new registere
	kilor	ida
	Cin ^o	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		Zip Code

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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ective date, if other than the dat a effective date is listed, the date must be s	pecific and cannot be prior to date of fil	(optional) ing or more than 90 days after filing.) Pursuant to	o 605.020°
te: If the date inserted in this block of the Department's effective date on the Department.		ory filing requirements, this date will not be	e listed as
ecord specifies a delayed effective dat s filed.	e, but not an effective time, at 12:0	of a.m. on the earlier of: (b) The 90th day	after the
CEDTEMBED 10	2023		
SEPTEMBER 18 ted			