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TALLAHASSEE, FL



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Land 5 Marie 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:
Jacob Grady Name of Person
Lands Machines L.L.C Firm/Company
700 West Pope Id building I Unit 71 Address
St. August, ne/FL/32080 City/State and Zip Code JUCOS Grady 18@ Yahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tacob Grady Name of Person at (904) Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum{2.55.00 Filing Fee}\$ \$\sum{3.0.00 Filing Fee & Status}\$ \$\sum{2.55.00 Filing Fee & Certificate of Status}\$

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

	-	L' dina
		FILED
L and 5 mach	ines LLC	·
(Name of the Limited Liabil) (A Florid	ity Company as it now appear a Limited Liability Company)	ars on our recornal V 18 AH 9:50
The Articles of Organization for this Limited Liability (Company word filed on	O L'ECT VIE 2004 STUDIES CONSTITUTE
Florida document number W2400069894		
Florida document number W 2 1 0000 6 9 6 9	<u>L. L.4000.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	iited liability company h	nere:
L and S Junk Removal	110	
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(intuing dualess MAY BE ATTOST OF THE BOA)		
B. If amending the registered agent and/or registere	d 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:		<u></u>
New Registered Office Address:		
	Enter Flo	orida 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 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
-			□ Add
			□Remove
			Change
			□Add
		Remove	
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an effe vote: l	date, if other than the date of filing:
record l is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated_	11-14-2024, Jucob Grady Signature of a member or authorized representative of a member
	Taroh Gradu
	Jacob Growy Typed or printed name of signee