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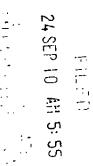
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## **COVER LETTER**

TO: Registration Section

Division of Corporations

	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	HEATH COLE			
		Name of Person		
	GRASSROOTS ENVIRO	NMENTAL LLC		
		Firm/Company		
	1626 HORSESHOE RD			
		Address		
	DELTONA			
	DELTONA	City/State and Zip Code		
	GRASSROOTSENVIRON	MENTAL@YAHOO.COM		
		to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
HEATH COLE		at ( 954 ) 803-9205		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 632	-	The Centre of		
Tallahassee, l			pe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRASSROOTS ENVIORNMENTAL LLC.		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records. bility Company)	
The Articles of Organization for this Limited Liability Company w	rere filed on 08/24/2024	and assigned
lorida document number L24000363565		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabili	ty company here:	
GRASSROOTS ENVIRONMENTAL LLC.		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		. 2
• • •		- W
Principal office address MUST BE A STREET ADDRESS)		
		TP
nter new mailing address, if applicable:		<u> </u>
Ş		<del></del>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		· ·
. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	dress on our records, <u>enter tl</u>	ne name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
<del></del>	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>	Address	Type of Action
			□Add
		<del></del>	□Remove
			□Change
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an effe lote:	ve date, if other than the date of filing:
record l is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated <sub>.</sub>	AUGUST 29
	Signature of a member or authorized representative of a member

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