

L24000529135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

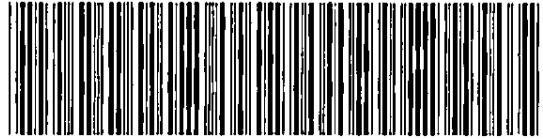
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SECRETARY OF STATE
TALLAHASSEE, FL

2025 JAN 27 PM 2:43

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GHMR LANDSCAPE ARCHITECTURE, 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:

GRACE G HARRISON

Name of Person

GHMR LANDSCAPE ARCHITECTURE, LLC

Firm/Company

801 OAK STREET

Address

ORLANDO, FLORIDA 32804

City/State and Zip Code

GRACEINMYPLACE@YAHOO.COM

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

For further information concerning this matter, please call:

GRACE G HARRISON

321 436 4796
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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>
MBR	GRACE G HARRISON	801 OAK STREET	<input type="checkbox"/> Add
		ORLANDO, FLORIDA	<input type="checkbox"/> Remove
		32804	<input checked="" type="checkbox"/> Change
MBR	MATTI RUKHOLM	3504 WEST OBISPO STREET	<input type="checkbox"/> Add
		TAMPA, FLORIDA	<input type="checkbox"/> Remove
		33629	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

EIN 33-2745013

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 delayed 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 JANUARY, 16 2025

Grace H Harrison
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

GRACE G HARRISON

Typed or printed name of signee

Filing Fee: \$25.00