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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

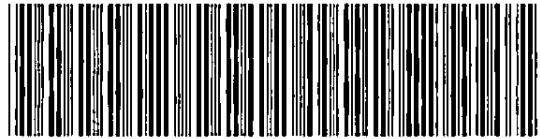
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2024 JUL -2 PM 12:12  
Clerk of Court  
Jefferson County, Ala.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Grove Horticulture & Recycling, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deanna Hansen

Name of Person

The Grove Horticulture Recycling

Firm Company

P.O. Box 448

Address

Labelle, FL 33975

City, State and Zip Code

thlabellegrove@gmail.com

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

For further information concerning this matter, please call  
Deanna Hansen

863

673-1220

at ( )

Name of Person

Area Code & Daytime Telephone Number

**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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

cc 27-886015

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of  
The Grove Horticulture & Recycling, LLC  
State \_\_\_\_\_

Enter new principal office address, if applicable \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is \_\_\_\_\_

3. Jurisdiction of its organization WYOMING

4. Date authorized to do business in Florida 07/25/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company The Grove Horticulture Recycling, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC."

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_

Enter Florida 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 relating 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

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2024 JUL -2 PM 12:12  
CLERK OF DISTRICT COURT  
MARIETTA, GA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title, Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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9. Attached is a certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Deanna Hansen  
Signature of the authorized representative

DEANNA HANSEN  
Typed or printed name of signer

Filing Fee: \$25.00

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**The Grove Horticulture Recycling, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **July 11, 2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001135888**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 2nd day of July, 2024 at 11:07 AM. This certificate is assigned ID Number 074059932.



  
\_\_\_\_\_  
Secretary of State