L09 000053768

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COVER LETTER

TO:

	istration Se ision of Cor			*
	A & A GLO	OBAL LLC		· •
SUBJECT:		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:	
		Albert Mendez		
			Name of Person	
		A & A GLOBAL LLC		
			Firm/Company	
		13335 SW 118th Pass		
			Address	
		Miami, FL 33186		
			City/State and Zip Code	
		albert@eccsfl.com		
For further ir	iformation c	E-mail address; (oncerning this matter, please c	to be used for future annual report no all:	tification)
Albert Mend			305 728-9295	
_	Name o	Person		me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
· · · · · · · · · · · · · · · · · · ·	ling Addres		Street Address: Registration Se	ection
_	gistration S vision of C	orporations	Registration Se Division of Co	
P.C). Box 632	7	The Centre of	Tallahassee
Tal	lahassee, F	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & A GLOBAL LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 06/03/2009	and assigned
Florida document number L09000053768	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Greenglade Farms LLC	
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the n	ame of the new regi
	2
	21
	2
Name of New Registered Agent:	27
agent and/or the new registered office address here:	21 77 2 77 2:
Name of New Registered Agent: New Registered Office Address:	21 77 2 17 2: 1

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

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>	Type of Action
			DAdd
			□Remove
		□Remove	
			□Change
			DAdd
		□Remove	
		<u> </u>	
			□Remove
			□Remove
			□Remove
			□Change

	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	ctive date, if other than the date of filing:
If the rec	cord 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
	/ 1
Date	ed February 19th 2021
Date	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	Signature of a member or authorized representative of a member