## L2100049082

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## **COVER LETTER**

Division of Corporations			
SUBJECT: Green Pastuses	Landscape Management LLC of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) a	re submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
	Name of Person		
Green Pa	stres Land sage Marayment UC		
137 Han	bre Civile Address		
Parama	City Bead Fe 32407 City/State and Zip Code		
こへ E-mail add	Knkon & Yahar. con ress: (to be used for future annual report notification)		
For further information concerning this matter, ple			
Kor: Smith Name of Person	at (850) 333-1573 Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:			
\$25,00 Filing Fee Solution \$30,00 Filing Fee & Certificate of State			
Mailing Address: Registration Section	Street Address: Registration Section		
Division of Corporations	Division of Corporations		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

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

FILED

Green Pastures Land (Name of the Limited Liability (A Florida	large	Maragen	nest LL	c 2023	JAN 25	AH 11: 42
(Name of the Limited Liability (A Florida	ty Company a Limited Liabi	s it now appear lity Company)	s on our record	SEUF TAI	(C) (A) (	or STATE SEE, FL
The Articles of Organization for this Limited Liability C Florida document number $\frac{L2100049082}{L}$	ompany wer	re filed on	1/26/2	021	and ass	signed
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limit    Green Pastures Holdings   The new name must be distinguishable and contain the words "Limit				" or the abbr	eviation "L	L.C."
Enter new principal offices address, if applicable:	_					
(Principal office address MUST BE A STREET ADDR	<u>(ESS)</u>					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- -					
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office addi	ress on our r	ecords, <u>enter</u>	the name	of the nev	w registered
Name of New Registered Agent:		•		•		
New Registered Office Address:		<del> </del>				··-
		Enter Flor	ida street addres:			
<del></del>		City	Flo	orida	Zin 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
			□Change
	<del></del>		□Add
			□Remove
			□ Change
*****			□ Add
			□Remove
			☐ Change
			□Remove
. <u></u>			□Add
			Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
e record	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.
Dated .	1/23/23 2023  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a memoer or authorized representative of a memoer  Ackary Snith  Typed or printed name of signee
	Cackary Snith