

L000000008095

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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09 MAY 19 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAY 19 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREENE ENTERPRISES 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:

MAY 18 2009

RONALD A. MOWREY
Name of Person

MOWREY & MITCHELL, P.A.
Firm/Company

515 NORTH ADAMS STREET
Address

TALLAHASSEE, FLORIDA 32301-1111
City/State and Zip Code

greene@itework@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RONALD A. MOWREY at (850) 222-9482
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing 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)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

09 MAY 19 PM 3: 34

GREENE ENTERPRISES LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/10/2000 and assigned
Florida document number L000000008095

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

RONALD A. MOWBEY

New Registered Office Address:

515 NORTH ADAMS STREET

Enter Florida street address

TALLAHASSEE

City

Florida

32301-1111

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 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KIMBERLY S GREENE	1580 CRAWFORDVILLE HWY CRAWFORDVILLE FL 32327	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	KIMBERLY S GREENE	PO BOX 1254 CRAWFORDVILLE, FL 32326	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Amending address of MGR JAMES N GREENE, III:
NEW ADDRESS: PO BOX 1254
CRAWFORDVILLE, FL 32326

Dated MAY 11, 2009.

Signature of a member or authorized representative of a member

KIMBERLY S GREENE
Typed or printed name of signee

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TALLAHASSEE FLORIDA