

LC4C000C 4556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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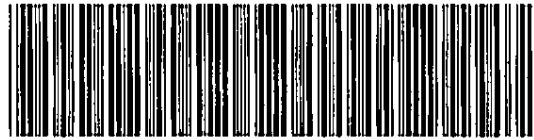
(Business Entity Name)

(Document Number)

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2020 NOV -9 PM 5:34
SECRETARY OF STATE
TALLAHASSEE, FL

12/17/20

Q

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREEN WELL DRILLING, 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:

KORIE AROCHO

Name of Person

GREEN WELL DRILLING, LLC

Firm/Company

3610 W. Bella Vista St.

Address

Lakeland, FL 33810

City/State and Zip Code

KORIE@GREENWELLDRILLING.COM

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

For further information concerning this matter, please call:

KORIE AROCHO

Name of Person

at (813) 478-4294

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 Address:

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 WELL DRILLING

2020 NOV -9 PM 5:34

(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 01-15-2004 and assigned
Florida document number L04000004856.

This amendment is submitted to amend the following:

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

GREEN WELL DRILLING, 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)

3610 W. Bella Vista St.

Lakeland, FL 33810

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same

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:

KORIE AROCHO

New Registered Office Address:

3610 W. Bella Vista St.

Enter Florida street address

Lakeland, FL

City

Florida 33810

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 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.

Korie Arocho

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>
MGR	Callie Jason AROCHO	3610 W. Bella Vista St.	<input type="checkbox"/> Add
		Lakeland, FL 33810	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	KORIE Jo AROCHO	3610 W. Bella Vista St.	<input type="checkbox"/> Add
		Lakeland, FL 33810	<input type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Legal Last name change of Manager & Managing
Member. Change from both parties of
GREEN to AROCHO.

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 November 5 2020 . _____

Korie Arocho

Signature of a member or authorized representative of a member

KORIE AROCHO

Typed or printed name of signee