h0600038365

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| Office Use Only |



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2023

CHRISTOPHER C TYSON 15560 69TH DR N PALM BEACH GARDENS, FL 33418 US

SUBJECT: GREENVIEW CONSTRUCTION LLC Ref. Number: L06000038365

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a INC, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams REGULATORY SPECIALIST II

Letter Number: 023A00004694



COVER LETTER

TO: Registration Section Division of Corporations

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

| ARTICLES OF | AMENDMENT | |
|--|--|------------------|
| T | - | |
| ARTICLES OF O | | |
| 0 | F | |
| (<u>Name of the Limited Liability Compa</u> (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | | |
| The Articles of Organization for this Limited Liability Company | were filed on 0412106 ar | nd assigned |
| Florida document number <u>L Úbûtit 35</u> 36 | 5 | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | +1 c |
| TTSON DEVELOPMENT The new name must be distinguishable and contain the words "Limited Liabil | AND LONSTRUCTIO | N LLC |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviati | on "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) | | <u> </u> |
| | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter the name of th</u> | e new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | Code |
| | 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 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

| AMBR = | Authorized | Member |
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|--------|------------|--------|

| <u>Title</u> | Name | Address | Type of Action |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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| L' L'éfentie | we date, if other than the date of filing: $3[1_{6}123]$ (optional) |
| E. Effectiv (If an effe | ctive 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: 1 | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| docume | nt's effective date on the Department of State's records. |
| | · |
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| 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 file | |
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| Dated_ | 3 (16 (2025 |
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| | Signature of a member or authorized representative of a member |
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| | Typed or printed name of signee |