L060000048099

(Re	questor's Name)	
(Add	dress)	
Q.12 .	,	
(Add	dress)	-
(Cit	y/State/Zip/Phone	e #)
•		·
PICK-UP	☐ WAIT	MAIL
		
(Bu	siness Entity Nar	ne)
(Do	cument Number)	!
(50		
Certified Copies	_ Certificates	s of Status <u>್ ಪಟ್ಟಿಗಳನ್ನ</u>
Special Instructions to I	Filing Officer:	
		1
		}
		}
L	<u>-</u>	

Office Use Only



100161464811

10/16/09--01040--017 **135.00

O9 OCT 16 AMII: 57
SECRETARY OF STATE
AND A HASSEF FOR ORION

J. BRYAN

DCT 1 9 2009

EXAMINER

Grabtnee & Fallar, P.A.

ATTORNEYS AND COUNSELORS AT LAW

CHARLES W. BROWN R. R. CRABTREE SCOTT W. FALLAR

October 14, 2009

8777 SAN JOSE BOULEVARD BUILDING A, SUITE 200 JACKSONVILLE, FLORIDA 32217

TELEPHONE (904) 732-9701 TELECOPIER (904) 732-9702

A. M. CRABTREE, JR. (1924-1995)

VIA OVERNIGHT DELIVERY

Amendment Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Amendments to Articles for the 5 Entities Listed Below HH& G Construction, Inc.
Newcom Development, LLC
Greenland Crossing, LLC
Greenland Commerce, LLC
FMB Developers, LLC



Dear Sir/Madam:

Enclosed please find our firm check in the amount of \$135.00 for the filing fees for the enclosed 5 Amendments as described above. As such, please file the enclosed Amendments to Articles at your earliest convenience.

Thank you most cordially for your assistance in this regard. Should you have any questions or need additional information, please do not hesitate to contact us.

Sincerely,

Theresa Hansen Legal Assistant

/th enclosure

COVER LETTER

TO:	Registration S Division of Co				
SUBJ	ECT:	Greenlan	d Crossing, LLC		
5020			ited Liability Company		•
The er	nclosed Articles of	Amendment and fee(s) are su	omitted for filing.		
Please	return all corresp	ondence concerning this matte	to the following:		
•		_			
			Name of Person		
		C	Crabtree & Fallar, P.A.		SEI SEI
Firm/Company					- GE S T
		877	7 San Jose Blvd., A-2	יחח	O9 OCT 16 AM 11:57 SECRETARY OF STATE FALLAHASSEE, FLORID
			Address		
			nakannilla El 22247	,	FLO
		J	acksonville, FL 32217 City/State and Zip Code		- Ref. 5
		1	lr@crabtreefirm.com		₹>
		E-mail address:	to be used for future annual rep	ort notification)	-
For fu	rther information	concerning this matter, please	call:		
	Th	eresa Hansen	at (_904_)	732-9701	
	Name	of Person	Area Code &	Daytime Telephone Numb	ber
		the following amount:			
√]\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certifi nclosed) Certifi	Filing Fee, cate of Status & sed Copy onal copy is enclosed)
		LING ADDRESS:		COURIER ADDRESS:	r
	Divisi	tration Section ion of Corporations 30x 6327	Registration Division of Clifton Bui	Corporations	

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Greenland Crossing, LLC (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 5/12/2006 and assigned L06000048099 Florida document number . 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: 6817 Southpoint Parkway (Principal office address MUST BE A STREET ADDRESS) Suite 1304 Jacksonville, FL 32216 Enter new mailing address, if applicable: Same as principal address above (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: R.R. Crabtree Name of New Registered Agent: 8777 San Jose Blvd., A-200 New Registered Office Address: Enter Florida street address Jacksonville City

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.

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:

					Add Remove Add Remove Add Remove Add Remove Add Add Add Add Add Add Add
					Remove Add Remove Add Remove Add Add Add
					Add Remove Add Remove
					Remove
					Remove
					Add Remove
). If amending any	other information, enter chan	nge(s) here: (Att	ach additional si	heets, if necessary	OCT I
					6 AHII: 57 RY OF STATE SEF. FHORIUL
Dated	October <u> 3</u> , 2	009			
	Signature of a memb	_ <u> </u>			

Page 2 of 2

Filing Fee: \$25.00