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J. SAULSBERRY EXAMINER FEB 18 2013

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Joseph MacKenzie Photography 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:

Mr. Joseph A. MacKenzie

Name of Person

Joseph MacKenzie Photography LLC

Firm/Company

2603 NW 170 ST

Address

Newberry, FL 32669-2126

City/State and Zip Code

mail@joemac.us

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

For further information concerning this matter, please call:

Joseph MacKenzie

__352**472-500**1

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 ARTICLES OF ORGANIZATION

Joseph MacKenzie Photograph			
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liabilit Florida document number L0700001992	y Company were filed on January 05, 2007	and assig	ned
This amendment is submitted to amend the following	3:		
A. If amending name, enter the new name of the	limited liability company here:		
Greenbelt Services LLC			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "I	.LC" or the abl	oreviation
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET AD	DDRESS)		
		200 TS	
Enter new mailing address, if applicable:			[]
(Mailing address MAY BE A POST OFFICE BOX)		19 (2) 18	
		2 2	
		ir.	
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		he name of	the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street add	ress	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Register	ered 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

MGR = Manager MGRM = Managing Member				
itle <u>Name</u>	<u>A</u>	ddress	<u>1</u>	ype of Action
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If amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary.)
	·
	0040
ed February 12	
Joseph A	ture of a member or authorized representative of a member
.	
<u>Joseph</u>	4. Mae Kenzie Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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