L07000083520

(R	equestor's Name)
(A	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Na	ime)
(Do	ocument Number	·)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
	•	
·		

Office Use Only



100118301541

02/22/08--01012--024 ++55.00

08 FEB 22 PMI2: 07

DIVISION OF CORPORATION

G. MCLEOD FEB 2 5 2008 EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: SHEILA D. GREENE, 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:
SHEILA D. GREENE
(Name of Person)
SHEILA D. GREENE, LLC (Firm/Company)
(гип/соправу)
5114 NW 64TH LANE
(Address)
GAINESVILLE FL 32653
(City/State and Zip Code)
For further information concerning this matter, please call:
SHEILA D. GREENE at (352) 256-4697
(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 \$Certified Copy (additional copy is enclosed) \$25.00 Filing Fee \$Certified Copy (additional copy is enclosed) \$25.00 Filing Fee \$Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

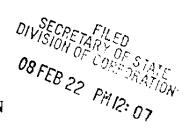
TO:

Registration Section

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



SHEILA D. GREENE, LLC (Name of the Limited)	Liability Company as it now ap Florida Limited Liability Compa	pears on our records.)	
(A	Florida Limited Liability Compa	ny)	
The Articles of Organization for this Limited Lia	ability Company were filed on	08/15/2007	and assigned
Florida document number <u>L07000083520</u>	<u></u> ,		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company	here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Co	ompany," the designation "LI	.C" or the abbreviation
,			•
B. If amending the registered agent and/o	r registered office address	on our records, enter th	e name of the new
registered agent and/or the new registered off	ice address here:		_
		•	
	CUEU A D. ODEENE		
Name of New Registered Agent:	SHEILA D. GREENE		
New Registered Office Address:	5114 NW 64TH LANE		
	(Enter Florida street address)		
	GAINESVILLE	, Florida <u>32</u>	<u>:653</u>
	(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 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:

MGR = Manager MGRM = Managing Member Title Type of Action Name Address **CHAD M GREENE** MGR 5114 NW 64TH LANE ☐ Add GAINESVILLE FL 32653 Remove MGRM SHEILA D. GREENE ✓ Add 5114 NW 64TH LANE Remove Add Remove \neg Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00