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DEPARTHENT OF STATE DIVISION OF CORPORATIONS

09-SEP 10 AM 10: SECRETARY OF SI

D. BRUCE

SEP 10 2009

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	DAVE GREE	ENLAN LLC	
SUBJECT:		mited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are s	ubmitted for filing.	
Please return all correspon	ndence concerning this matt	er to the following:	
	DAVE	GREENLAW Name of Person	
		Name of Person	
	BAVEC	SREENLAW LLC Firm/Company	
		Firm/Company	
	7.07	SUNDAY COURT Address	
		Address	TAS 0
	TALLAHA	1556E FL 32305	O9 SEP 10 AM 10: 21 SECRETARY OF STATEMENT ALLAHASSEE. FLORIT
		City/State and Zip Code	HAS T
	F mail address	: (to be used for future annual report notificatio	SER S
For further information on	e-mail address.		AM 10: 21 OF STATE E. FLORIDA
			: 21 ORI
DAVE G	REENLAW	at (850)728 0472	Dr: >
Name of	Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check for the	e 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)
Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations x 6327 ssee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center	s .

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAVE GR	REENCAN LL	\subset
(Name of the Limited Liability	Company as it now appears on imited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	4/2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company,"	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		A S C
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	SEP 10
Enter new mailing address, if applicable:		meg a m
(Mailing address MAY BE A POST OFFICE BOX)		0: 2
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ecords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter F	orida street address
		, Florida
	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 Member's 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 **Type of Action** <u>Address</u> **Title** <u>Name</u> RJ Johnson ☐ Add Remove Remove ☐ Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated SEPTEMBER Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00