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COVER LETTER

SUBJECT:	Lynchard &	k Greene, P.L.		
SUBJEC1:		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Shari Thieman Greene		
	Name of Limited Liability Company Id Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Shari Thieman Greene Name of Person Lynchard, Greene, & Seely, P.L. Firm/Company 1901 Andorra St. Address Navarre, FL 32566 City/State and Zip Code lonnie@lynchard-greene.com E-mail address: (to be used for future annual report notification information concerning this matter, please call: kins 850 936-9385 at (-		
		Lynchard, Greene, & Seel	y, P.L.	
			Firm/Company	
	Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Shari Thieman Greene Name of Person Lynchard, Greene, & Seely, P.L. Firm/Company 1901 Andorra St. Address Navarre, FL 32566 City/State and Zip Code lonnie@lynchard-greene.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: ins 850 936-9385 Area Code Daytime Telephone Number			
			Address	
		Navarre, FL 32566		
		<u></u> .	City/State and Zip Code	
			1	
		E-mail address: (to be used for future annual report notifi	cation)
For further in	ıformation c	oncerning this matter, please co	all:	
Lonnie Hawl	kins			
Name of Person				Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee		Certified Copy	☐ \$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 TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF A	AMENDMENT	
Te	O	7,
ARTICLES OF O	RGANIZATION	Color Barrer
0	F	
Lynchard & Greene, P.L.		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company	were filed on 03/29/2011	and assigned
Florida document number L11000037232		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Lynchard, Greene, & Seely, P.L		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "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)		
muning universe MAT BE AT OUT OF TEEL BOOK		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		cords, enter the name of the new
	-	
Name of New Registered Agent:		
New Registered Office Address:		
TOTI ALOGIOTORO OTTO A AMERICA.	Enter Florida street a	ddress
		, 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 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			Remove
			□ Change
			□ Add
			☐ Remove
			Change
			Add
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amending any other in	iormation, enter c	hange(s) here: (Attach add	itional sheets, if ne	cessary.)	
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ffective date, if other the an effective date is listed, the clote: If the date inserted in ocument's effective date or	late must be specific an this block does not a	d cannot be prior to date of filing o meet the applicable statutory fi	(opt r more than 90 days aft ling requirements, th	er filing.) Pursu	ant to 605.02 ot be listed a
e record specifies a do The 90th day after th		date, but not an effectiv	e time, at 12:01	a.m. on th	e earlier
ated July 12		2016			
alcu		3 ····································		₩ . №	
	Signature of a	member or authorized represental	ive of a member	PALLA	
			or a moniou	HAS:	Master a Prominina
Shari Thieman G	reene (STG Law, P.	A. MGRM) Typed or printed name of signer		SE	
		Typed of printed name of signer	,	EFLOR SFST SFST	1 Language

Filing Fee: \$25.00

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