111000/15067

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
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05/07/18--01036--015 **52.50

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JIHOS MITARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GREEN VIEW LACTINEERING 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:
MONICA MUNOE Name of Person Greenview Expreeding Firm/Company
9008 DICKENS AV
City/State and Zip Code MUNOZ-MUNICA CO SMCUL COM E-mail address: (to be used for future annual Eport notification)
For further information concerning this matter, please call:
Mame of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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



May 11, 2018

MONICA MUNOZ 9008 DICKENS AV SURFSIDE, FL 33154

SUBJECT: GREENVIEW ENGINEERING LLC

Ref. Number: L11000115067

We have received your document for GREENVIEW ENGINEERING LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 518A00009795

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MISSING ANTHRO

OF STATEMENT OF ST

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilly Compa	ny as it now appears on our records.) Liability Company)
(A Florida Limited I	Jability Company)
The Articles of Organization for this Limited Liability Company	were filed on 10 0 7 20 11 and assigned
Florida document number LH 000H 5067.	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
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:	9008 DICKENS AU
(Principal office address MUST BE A STREET ADDRESS)	Surfoide to 33154
Enter now weiling address if applicables	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address here	<u>e</u> :
No. 1. of Nov. Davistand August	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
-	Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre	
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 p being filed to merely reflect a change in the registered office	provided for in Chapter 605, F.S. Or, if this document is address. Thereby confirm that the limited liability.
company has been notified in writing of this change.	the part of the pa
	元 () () () () () () () () () (
If Char	nging 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 = Manager AMBR = Authorized Member <u>Title</u> Name <u>Address</u> **Type of Action** _□ Add __□ Remove ___ 🗆 Add ___ Remove ☐ Change □ Add □ Remove ☐ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change

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ective date, if other than the effective date is listed, the date m	te date of filing:	t be prior to date of filir	g or more than 90 days after		605.020
te: If the date inserted in this lument's effective date on the	block does not meet th	e applicable statutor	y filing requirements, th	is date will not be l	isted a
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record specifies a delaye	ed effective date,	but not an effect	tive time, at 12:01	a.m. on the ea	rlier (
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	Signature of a member	r or authorized represe	ntative of a member	50 5 50 5 50 5	<u>1</u>
	*	•	LUNOZ	F*1.	- At 1

Page 3 of 3

Filing Fee: \$25.00