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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

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TO:

	gistration Se vision of Cor			
		Land Management LLC		
SUBJECT		Name of Lim	<u>. </u>	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	m all correspo	ondence concerning this matter	to the following:	
		Paul Smith		
		4	Name of Person	
		Greensmith Land Manager	nent LLC.	
			Firm/Company	
		4459 Gulf Breeze Pkwy		
			Address	
Gulf Breeze Florida 32563				
		*	City/State and Zip Code	
		paul@greensmithconstructi		
			to be used for future annual report notification	n)
For further	information c	concerning this matter, please c	all:	
Paul Smith			850 934-6610 at ()	
	Name o	f Person	Area Code Daytime Telep	phone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	(2) \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section			Street Address: Registration Section	
Division of Corporations			Division of Corporat	
	O. Box 632		The Centre of Tallah	
Ta	Illahassee, I	FL 32314	2415 N. Monroe Stre	et, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Greensmith Land Management LLC.		
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 1-24-23	and assigned
lorida document number L11000119411		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRESS)		ECRETARY LAMASSEE
		<u> </u>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		5: 07
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter th	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		da
	City	Ziv 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Andrew Wallace	4459 Gulf Breeze Pkwy	
		Gulf Breeze Florida 32563	■ Remove
			Change
			Remove
			☐Change
			□Remove
			Change
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fective date, if other than the date				_ (optiona			
n effective date is listed, the date must be site: If the date inserted in this block of	pecific and cannot does not meet the	be prior to date of fil applicable statute	ing or more than 90 d ry filing requireme	ays after filir ents, this da	ig.) Pursua te will no	nt to 605. 1 be liste	.0207 ed as
cument's effective date on the Depart	ment of State's r	ecords.					
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is filed.	e, out not an ente	etive inne, at 12.0	i ami on me carn	(0)		day arror	
July 27th	2023						
ted July 27th		· ·					
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Filing Fee: \$25.00