## L11 000 142244

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500356833875

12/22/20--01008--024 \*\*25.00

FILED
2020 DEC 22 AHTH: 05

2/1/21 DA

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

CHRIECT.	GRE	EN SPACE BUILDERS LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
		Paul Matthews	
		Name of Person	<del> </del>
		Firm/Company	<del></del>
		2600 S. Kanner Hwy M-9	
		Address	
		Stuart, FL 34994	
		City/State and Zip Code	
	E-mail address: (	pm@greenspacebuilders.com to be used for future annual report noti	fication)
For further information or	oncerning this matter, please co		
Chric Name of	hy Yerta		4923 le Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	ection	<u>Street Address:</u> Registration Se	
Division of Co P.O. Box 632		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREEN SPACE BUI	LDERS LLC		
(Name of the Limited Liability Company a (A Florida Limited Liabil	it now appears ity Company)	on our records.)	
The Articles of Organization for this Limited Liability Company wer	e filed on	12/20/2011	and assigned
lorida document numberL11000142244			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company her	<u>e</u> :	
he new name must be distinguishable and contain the words "Limited Liability C	ompany," the des	signation "LLC" or the	
Enter new principal offices address, if applicable:			2020
Principal office address MUST BE A STREET ADDRESS)			 
The part office districts and of the first of the second		<u>-</u>	
_			
	<del>-</del>		
Mailing address MAY BE A POST OFFICE BOX)			<del></del>
<del>-</del>		<del> </del>	
<ol> <li>If amending the registered agent and/or registered office addigent and/or the new registered office address here:</li> </ol>	ress on our re	cords, <u>enter the na</u>	ame of the new regist
Name of New Registered Agent:			<del></del>
New Registered Office Address:		<del> </del>	
	Enter Floric	la 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 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>	Address	Type of Action
MGRM	Maryellen Matthews	2600 S. Kanner Hwy M-9	€Add
		Stuart, Florida 34994	□Remove
			Change
MGRM	Susan E. Hyde	2600 S. Kanner Hwy M-9	<b>=</b> Add
		Stuart, Florida 34994	□Remove
			□Change 20
			2020 DAdd C 22 Remove
			Change
	· · · · · · · · · · · · · · · · · · ·	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	□Add
			□Remove
			☐ Change
		<del></del>	□Add
			□Remove
			□ Change
<del></del>			□Add
			□Remove
			☐ Change

Effective date, if other than the date of filing:  [In effective date, if other than the date of filing:  [In effective date is histed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207.  Whose: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to locument's effective date on the Department of State's records.  Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed.  Dated    December 10				
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Filing Fee: \$25.00