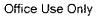
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(Requestor's Name)
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COVER LETTER

TO: Registration Sec Division of Corp		•	·	
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SUBJECT:	· Urea Jina,	etery LLC	<u></u> ~	
	Name of Luy	ited Liability Ompany) } !
				1
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
		,		
	Kath/	een Single	tary	
	Grea	Singletery Firm Company	416	
	4904	Coyote Tra	G./	
	Chiple Greos E-mail address (i	City/State and Zip Code Simpleton/LLC o be used for future annual re	@gmail.com	
For further information cor	ncerning this matter, please ca			
Kathleen Name of I	Single tail	at (<u>850</u>) <u>3</u> Area Code	26.6084 Daytime Telephone Number	
Enclosed is a check for the	following amount:			
\$ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enck	Certificate of Status	
Mailing Address:		Street Ado		
Registration Se Division of Co			ion Section	
P.O. Box 6327	•	DIVISION	of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021

Greg Singleton LLC
(Name of the Limited Liability Company a) it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{7/3}{20/2}$ and
lorida document number <u>L/20000985</u> 00
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
-
. If amending the registered agent and/or registered office address on our records, enter the name of the gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
$z \phi \phi$

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 comprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar we accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabil company has been notified in writing of this change.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type
<u>ambr</u>	Hayden M. Singleta	n/ Chipley, Fl 32428	
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	. II amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: [(optional)] If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. J Pursuan Note: If the date instreted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date is filed. Dated 4/29/2020 Dated		
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Signature of a meginer or authorized representative of a member	Dated	1/29/2020
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Filing Fee: \$25.00