## 1300005280

| (                    | Requestor's Name)        |
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| (                    | Address)                 |
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## **COVER LETTER**

|                    |   | •                                      |  |
|--------------------|---|--|--|
| SUBJECT:           | Greenland Enterprises<br>Name of L  | Group, LLC<br>imited Liability Company | ···                                    |
| The enclosed Art   | ticles of Amendment and fee(s) are s  | ubmitted for filing.                   |  |
| Please return all  | correspondence concerning this matt   | er to the following:                   |  |
|                    | Marli Grinber   |  |  |
|                    |   | Name of Person                         |  |
|                    | N/A   |  |  |
|                    | <del>-                                    </del>  | Firm/Company                           |  |
|                    | Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:  Marli Grinberg  Name of Person  N/A  Firm/Company  6039 Cypress Gardens Blvd, Suite 191  Address  Winter Haven, FL 33884  City/State and Zip Code  mgreen444@gmail.com  E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:  11 Grinberg  Name of Person  Area Code  Daytime Telephone Number |  |  |
|                    |   |  |  |
|                    |   |  |  |
|                    |   | City/State and Zip Code                |  |
|                    | mgreen444@gma<br>E-mail addres  | ail.com                                | ification)                             |
| For further inform |   | _                                      |  |
| Marli Gr           | <u> </u>  |  |  |
|                    | Name of Person  | Area Code Daytin                       | ne Telephone Number                    |
| Enclosed is a che  | eck for the following amount:   |  |  |
| EX \$25.00 Filing  |   | Certified Copy                         | Certificate of Status & Certified Copy |

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

| GREENLAND ENTERPRISES GRO  | OUP, LLC                         |   |                      | h           | ය          |
|--|----------------------------------|---|----------------------|-------------|------------|
| (Name of the Limited Lia<br>(A Flo   | bility Compai<br>rida Limited I. | ny as it now appears on our<br>Jiability Company) | records.)            | -           | _<br>중 사.  |
| The Articles of Organization for this Limited Liability  | y Company                        | were filed onJanua:                               | ry 10, 2013          | and         | d āssigned |
| Florida document number <u>L 13000005280</u>   | ·                                |   |                      |             | : -        |
| This amendment is submitted to amend the following   | :                                |   |                      | *. *.<br>** | 6: 37      |
| A. If amending name, enter the new name of the li  | <u>imited liabi</u>              | lity company here:                                |                      |             |            |
| MARLI GRINBERG, LLC  |                                  |   |                      |             |            |
| The new name must be distinguishable and contain the words "I  | Limited Liabili                  | ity Company," the designation                     | n "LLC" or the at    | breviatio   | n "L.L.C." |
| Enter new principal offices address, if applicable:  |                                  | 6039 Cypress Ga                                   | rdens Blvd           | ., St€      | e #191     |
| (Principal office address MUST BE A STREET AD  | DRESS)                           | Winter Haven, F                                   | L 33884              |             |            |
|  |                                  |   |                      |             |            |
| Enter new mailing address, if applicable:  |                                  | 6039 Cypress Ga                                   | ırdens Blvd          | , Suit      | te #191    |
| (Mailing address MAY BE A POST OFFICE BOX)   | ,                                | Winter Haven, F                                   | L 33884              |             |            |
|  |                                  |   |                      |             |            |
| B. If amending the registered agent and/or re<br>registered agent and/or the new registered office a |                                  |   | ecords, <u>enter</u> | the na      | me of the  |
| Name of New Registered Agent:  | MARLI GRI                        | INBERG  |                      |             | ,,         |
|  |                                  | cess Gardens Blvd<br>aven Enter Florida street    |                      | l<br>3388   | 4          |
|  | Winter Ha                        | ıven  | , Florida            | 3388        | 4_         |
|  |                                  | City  |                      | Zip C       | 'ode       |

## 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      |
|--------------|----------------|------------------------------|---------------------|
| MGR          | Marli Grinberg | 6039 Cypress Gardens Blvd, S | te 191 <b>X</b> Add |
|              |                | Winter Haven, FL 33884       | □ Remove            |
|              |                |                              | ☐ Change            |
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| itectiv<br>an effe | e date, it other to<br>tive date is listed, the | than the date of<br>e date must be speci | filing: July fic and cannot be pri | 27, 2018<br>or to date of filing or t | nore than 90 days a | <b>etional)</b><br>fter filing.) Purs | suant to 605  | 5.0207 ( |
| <u>ote:</u> I      | f the date inserted nt's effective date         | in this block does                       | not meet the appl                  | icable statutory fili                 | ng requirements,    | this date will                        | not be list   | ed as t  |
|                    |   |  |                                    |                                       |                     |                                       |               |          |
|                    | ord specifies a<br>90th day after               |  |                                    | ot an effective                       | time, at 12:0       | 1 a.m. on t                           | he earli      | er of:   |
| 1110               |   |  | iicu.                              |                                       |                     |                                       |               |          |
| ated _             | Galy .  | 27<br>W                                  |                                    | 7<br>·                                |                     |                                       |               |          |
|                    | 9   |  | Cerins                             |                                       |                     |                                       |               |          |
|                    |   | Sign <del>otur</del>                     | 1/ 4/1/2/1.                        | thorized representative               | e of a member       | <del></del>                           | <del></del>   |          |
|                    |   | MA                                       | i dani                             |                                       |                     |                                       | 75            | . 44     |
|                    |   | rrurl                                    | 1 (5/110)<br>Typed or pri          | nted name of signee                   |                     |                                       |               | `        |
|                    |   |  |                                    | 11                                    |                     |                                       |               |          |
|                    |   |  |                                    | U                                     |                     |                                       | כָּד<br>ב     |          |

Filing Fee: \$25.00