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05/17/18--01008--022 **25.00

2018 MAY 17 AM 6: 30 SECRETARY 0: STALLAHASSEE, FLORIGE

COVER LETTER

	egistration Section ivision of Corporat	ions				
SUBJECT	Green Scene Indu	stries, LLC				
SUBJEC		Name of Limit	ed Liability Company			
The enclos	sed Articles of Amen	dment and fee(s) are subm	nitted for filing.			
Please rett	ırn all correspondenc	e concerning this matter to	o the following:			
	K	enneth D Morse				
	_		Name of Person		 	
	Gr	reen Scene Industries, LLC	0			
Firm/Company 1515 International Parkway Suite 2007						
	La	ake Mary, Florida 32776				
		City/State and Zip Code				
		E-mail address: (to	be used for future annual rep	ort notification)		
For furthe	information concern	ning this matter, please cal	1:			
Cindy Du	nn		407 331-0			
	Name of Perso	n	Area Code	Daytime Telephon	e Number	
Enclosed i	s a check for the follow	owing amount:	,			
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed)	60.00 Filing Fee, Certificate of Status & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green Scene Industries, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 1/2/13 Florida document number L13000014244 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Cempany." the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 1515 International Parkway Suite 2007 (Principal office address MUST BE A STREET ADDRESS) Lake Mary, Florida 32746 Enter new mailing address, if applicable: 1515 International Parkway Suite 2007 (Mailing address MAY BE A POST OFFICE BOX) Lake Mary, Florida 32746 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: City 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	William Brownlee	1807 Winchester Court	
		St Cloud, Florida 34771	■ Remove
			Change
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, ti ain	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an ef <u>Note:</u>	tive date, if other than the date of filing: 5-/5-(8 (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.	05.0207 (3)(sted as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear e 90th day after the record is filed.	lier of:
Dated	May 15 2017 Delica Albuban Signature of a member or authorized representative of a member (U) (((. mm Krown)ee	
	20 - Shal	
	Signature of a member or authorized representative of a member	
	(/	

Page 3 of 3

Filing Fee: \$25.00