## 13000/36518

(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:	

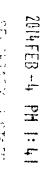




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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: GREENROCK CONSTRUCTION, LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARK WOODLOCK, ESQ.  Name of Person
WOODLOCK CONSTRUCTION LAW FIRM Firm/Company
1350 ORANGE AVE., STE 280 Address
WINTER PARK, FL 32789  City/State and Zip Code
ROBERT MASIKU & GMAIL, COM  E-mail address: (to be used for future annual report notification)
·
MARK WOODLOCK, ESQ. at 407 409-5305  Name of Person  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

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

PKEENKACK CONS		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	······································
The Articles of Organization for this Limited Liability Compa	ny were filed on $09/27/20$	2/3 and assigned
Florida document number <u>L 1300 0136518</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
- N/A -		
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- 4//	
(Principal office address MUST BE A STREET ADDRESS)	70/A -	
	11/0 -	? <u>190</u>
Enter new mailing address, if applicable:	$-\rho/A$	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		1 1 mm
B. If amending the registered agent and/or registered		enter the name of the new
<u>registered agent and/or the new registered office address h</u>	ere:	Van
Name of New Registered Agent:	- N/A -	Jin ±
New Registered Office Address:	Enter Florida street address	
	enier r toriau street aaaress	
	, Flor	ida Zip Code
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ROBERT T. MASIKU	11825 NAUTICA DRIVE	□ Add
		ORLANDO, FL 32827	Remove
MGR	THERESA PHIRI	11825 MAUTICA DRIVE	<b>X</b> -Add
		GPLANUO, FL 32827	□ Remove
			□ Remove
			Add B
			□ Remove
	<del></del>	<del></del>	Add
			Remove
			Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	N/A
E.	Effective date, if other than the date of filing:
	Dated 01301 , 2014 .
	Signature of a member or authorized representative of a member  THERESA PHIRI DIRECTOR OF OPERATIONS MGR  Typed or printed name of signec

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Filing Fee: \$25.00

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