

L14000012063

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(Address)

(City/State/Zip/Phone #)

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2017 FEB 10 PM 3:06
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
FEB 13 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREEN OWL III, 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:

DAVID GENSMAN

Name of Person

GREEN OWL III, LLC

Firm/Company

4953 LE CHALET BLVD.

Address

BOYNTON BEACH, FL 33436

City/State and Zip Code

greenowlthree@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID GENSMAN

Name of Person

at (561) 714-3372

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration 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 OWL III, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2017 FEB 10 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JANUARY 22, 2014 and assigned
Florida document number L14000012063.

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 Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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:

~~PORES & EISENBERG, CPA, PLLC~~

MP FINANCIAL SERVICES, LLC

New Registered Office Address:

1880 N. CONGRESS AVENUE, SUITE 215

Enter Florida street address

BOYNTON BEACH

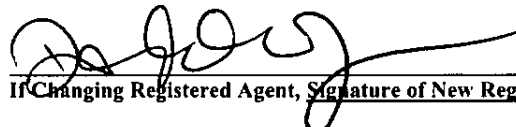
City

, Florida 33426

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DAVID ROBINSON	4953 LE CHALET BLVD.	☐ Add
		BOYNTON BEACH, FL 33436	☒ Remove
			☐ Change
AMBR	SANDRA ROBINSON	4953 LE CHALET BLVD.	☐ Add
		BOYNTON BEACH, FL 33436	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2008 FEB 10 PM 3:06
 STATE OF FLORIDA
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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2011 FEB 10 11
RECORDS OF ST. LOUIS
PUBLIC HEALTH DEPT.

FILED
2011 FEB 10 PM 3:06
DEPT. OF STATE
HALLMARKS

(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.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated 22-1, 2017.

2-1, 2017.
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

DAVID GENSMAN

Typed or printed name of signee