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(Re	questor's Name)	
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18 To Va - 3- March 1 - March 1822 . . .

SECRETARIT OF STATE
TALLAHASSEE, FL

JUL 25 2019

## **COVER LETTER**

SUBJECT	Linda D G	ed Liability Company	
TOBLET.	Name of Limit	ed Liability Company	
	Amendment and fee(s) are subn		
Please return all correspo	ondence concerning this matter to	o the following:	
		Name of Person	N-C
		Firm/Company	
	445-1	NCCatee Le Address	7
		$\sqrt{e/s}$ , $FL = 3.3$ City/State and Zip Code	
	E-mail address: (to	be used for future annual report notice	fication)
For further information of	concerning this matter, please ca	II:	
Linda Name o	Greene of Person	at ( <u>239</u> ) <u>4/C</u> Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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)
	JNG ADDRESS:	STREET/COURI Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Liabili	_	ere filed on4/	4/2015	and assi	gned
Florida document number <u>L Z 5 0000</u> le	0269				
This amendment is submitted to amend the following	ıg:				
A. If amending name, enter the new name of the					
Lincla D. Greene Pa The new name must be distinguishable and contain the words	Limited Liability	y Company," the designati	ion "LLC" or the ab	obreviation "ll	C."
Enter new principal offices address, if applicable	<b>::</b>	4451 N			
(Principal office address MUST BE A STREET A		Fort My	ers, Fl	339 E	05
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO.	<u>x)</u>	Same	ָר ה	ONE NAME OF STATE	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered off address here	ice address on our :	records, enter	the name	of the nev
Name of New Registered Agent:	Line	la D. Gre	rene		
New Registered Office Address: 4451 NOCATE LY  Enter Florida street address		, <del></del>			
-	Fort r	1 yers	, Florida	3 3 9 Zip Code	05

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

	Title	Name	Address	Type of Action
۱ ۸	<u>6, K</u>	Linda Greene	FORT MYERS, FL 33905	_VI Add
				Remove
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E. Effective date, if other than the date of I	filing: (optional)
(If an effective date is listed, the date must be specifi	c and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
Note: If the date inserted in this block does a document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department	of State s records.
If the record specifies a delayed effective (b) The 90th day after the record is fill	ve date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The sould day after the record is in	eu.
, , , ,	
Dated July 14	<u>2019</u>
'	
Signature	of a member or authorized representative of a member
Signature	or a member or audiorized representative or a member
	1000 10000
·	Lincla D. Greene Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00