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COVER LETTER

TO:	Registration Division of C			
CUDIE		ER ENTERPRISES, LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please r	etum all corres	pondence concerning this matter	to the following:	
		JASON GRETIZER		
			Name of Person	
		SOUTHERN HOSPITAL	LITY ŁAWN & LANDSCAPING, I	NC.
			Firm/Company	
		6000 HAINES ROAD		
			Address	
		ST PETERSBURG, FL	33714	
		<u></u>	City/State and Zip Code	 -
		JGREITZER40@GMAIL.		
		E-mail address: (to be used for future annual report notif	ication)
For turt	her information	concerning this matter, please c	ail:	
JASON	I GREITZER		727 906-7135	
	Name	e of Person	at () Area Code Daytimo	e Telephone Number
Enclose	d 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)
	Regi:	LING ADDRESS: stration Section sion of Corporations	STREET/COURING Registration Section Division of Corpora	n

P.O. Box 6327 Taliahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREITZER ENTERPRISES, LLC

(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our rev Liability Company)	ords.)			
The Articles of Organization for this Limited Liability Company Florida document number 115000145345	were filed on AUGUST 25,	2015	and as	signed	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	dity Company," the designation "I	.I.C" or the abbrev	iation "f.	.1C."	
Enter new principal offices address, if applicable:	6000 HAINES ROAD				
(Principal office address MUST BE A STREET ADDRESS)	ST PETERSBURG, FL 3	3714	-	S S	
			AUG	SICR.	
			<u>:</u>	PATE A	
Enter new mailing address, if applicable:	6000 HAINES ROAD			28 27 15 15 15 15 15 15 15 15 15 15 15 15 15	
(Mailing address MAY BE A POST OFFICE BOX)	ST PETERSBURG, FL 3	3714	 	POS	
			=	ATE -	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		rds, <u>enter the</u>	пате	of the new	
			•		
New Registered Office Address:	Enter Florida street ada	iress			
		Florida			
			Tip Code		
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, provided for in Chapter 60	and I am fami 5, F.S. Or, if if	liar wii vis docu	th and ument is	

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>	Name	Address	Type of Action
AMBR	JASON GREITZER	13916 WHISPERWOOD DRIVE	
		CLEARWATER, FL 33762	∃ Remove
			Change
AMBR	JENNIFER GREITZER	13916 WHISPERWOOD DRIVE	
		CLEARWATER, FL 33762	≅ Remove
			Change
AMBR	SOUTHERN HOSPITALITY LAWN & LANDSCAPING, LLC	6000 HAINES ROAD	
		ST PETERSBURG, FL 33714	☐ Remove
			Change
			☐ Remove
			☐ Change
			□ Add
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			Change

				
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ective date, if other than the a effective date is listed, the date mu	st be specific and cannot be pri	8/18 or to date of filing or more than	(optional) 90 days after filing.) Pursuant	to 605.02
te: If the date inserted in this becument's effective date on the D	lock does not meet the appli- repartment of State's record	cable statutory filing requi s.	ements, this date will not b	ie fisted i
record specifies a delayed The 90th day after the rec		ot an effective time, a	at 12:01 a.m. on the ϵ	earlier (
AUGUST 8	2018			
		norized representative of a me		

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Typed or printed name of signee

Filing Fee: \$25.00