

LL6000070086

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17 MAR 16 PM 2:28

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MAR 17 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GREENACRES INVESCO 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:

MOHAMMAD SOHID

Name of Person

GREENACRES INVESCO LLC

Firm/Company

5730 10TH AVENUE NORTH

Address

GREENACRES, FLORIDA 33463

City/State and Zip Code

Sohidmohammad@yahoo.com

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

For further information concerning this matter, please call:

MOHAMMAD SOHID

Name of Person

at (954) 274-3080

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**

GREENACRES INVESCO 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 4/08/16 and assigned
Florida document number L16000070086.

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)

11420 CORAL BAY DR.

BOCA RATON FL-33498

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11420 CORAL BAY DR.

BOCA RATON FL-33498

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:

MOHAMMAD SOHID

New Registered Office Address:

11420 CORAL BAY DR.

Enter Florida street address

BOCA RATON

City

Florida

33498

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.

Mohammad Sohail

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>
MGR	RAJENDRA SHAH	380 COMMERCE PARKWAY	<input type="checkbox"/> Add
		ROCKLEDGE, FLORIDA	<input checked="" type="checkbox"/> Remove
		32955	<input type="checkbox"/> Change
MGR	MOHAMMAD SOHID	5730 10TH AVENUE NORTH	<input checked="" type="checkbox"/> Add
		GREENACRES, FLORIDA	<input type="checkbox"/> Remove
		32955	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: 12/30/16 (optional)

(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)(h)

Note: If the date inserted in this block does 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 date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated 12/30/16, _____.

⑧ Mohammed Ashraf

Signature of a member or authorized representative of a member

MOHAMMAD SOHID

Typed or printed name of signee