# 11600083752

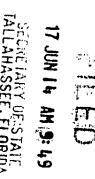
(Requestor's Name)
(Address)
(Address)
( Additional)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Litary Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500300271925

08/14/17--01017--016 \*\*25.00



JUN 1 5 2017 Y SULKER

## COVER LETTER

TO: Registration Sec Division of Corp		м» **	<del>.</del>
SUBJECT:	Ne Greenward Name of Limi	COmpany , LL ited Liability Company	C in Fl.
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Brittany	Name of Person	
	Greenwood	Farmily Dend Firm/Company	isher
	12443 San	Dic Blud Suit	<u> </u>
	Julisavill	City/State and Zip Code	
	E-mail address: (t	to be used for future admual report notific	cation)
For further information co	ncerning this matter, please ca	all:	
Prittary Ho Name of	Person Sam.	at ( <u>၅၀၂</u> ) <u> </u>	ひらな Telephone Number
Enclosed is a check for the	e following amount:		
<b>风</b> )\$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

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

(Name of the Lin	nited Liability Company (A Florida Limited Liab	as it now appears on o	ur records.)	
The Articles of Organization for this Limited	Liability Company we	ere filed on		and assigned
Florida document number	•		•	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liabilit	y company here:		
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designa	tion "LLC" or the abh	reviation "L.L.C."
Enter new principal offices address, if appl	icable:			
(Principal office address MUST BE A STRE	<del></del>	,	*****	
	~			<u> </u>
			五元 みる	
Enter new mailing address, if applicable:	-		SSE	7
Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>			
	~			
B. If amending the registered agent an	d/or registered offic	e address on our	records, enter t	. 🗭 he name of the no
registered agent and/or the new registered		<b> </b>		
	D ·	laka		
Name of New Registered Agent:	Do Han	1000	3,200	
New Registered Office Address:	12493 6	Enter Florida str	BWA S	Suite 101
	Jackson		, Florida	39023
		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 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>	Address	Type of Action
		,	☐ Remove
			Change
			Add
	•		□ Remove
		·	Change
			□ Add
			T Remove
			C G Change
			Change C Add
			Remove
			Change
			Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Change

		· · · · · · · · · · · · · · · · · · ·	<u></u>			·				
•										
						<del></del>				<del></del>
							11-0-4-7			
<u> </u>		·	<del></del>							
	<u></u>									
		<u>_</u> _	<del></del>		······································					
<u> </u>										<del></del>
								<del></del>		
								2.03 1.03 1.03 1.03 1.03 1.03 1.03 1.03 1	77	
	<del> </del>				<del></del>			を記る	<u>\$</u>	S I T
			r=n-					7) 2) T (	<u>.</u>	-
		***						, S.	<b>A</b>	
							0 70		9:49	
Cective date, if other in effective date is listed to the insert cument's effective date.	, the date must be : ed in this block :	specific and does not r	d cannot be p neet the ap	rior to date o plicable sta	of filing or mo		lays after fi	iling.)		
record specifies he 90th day afte	er the record	is filed.				me, at 1	2:01 a.	m. o	n the	earlie
red May	<u> 30</u>		, <u>Q</u> c	<u>,17</u> .	an a					
					presentative of			_	_	
	~ <del>~~~</del> ;									

Page 3 of 3

Filing Fee: \$25.00