## L160000 90086

| (Requestor's Name)                      |
|---|
| (                                       |
| (Address)                               |
|   |
| (Address)                               |
| (City (Chake Tin Disease 4)             |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
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|   |
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|   |
|   |



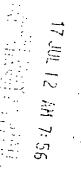


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## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |  |   |  |
|--|--|---|--|
| SUBJECT. 62E                             | TNER69 HOW                                   | 15 DW 6 COMP AT   | VY LLC   |
| SUBJECT: OVE                             | Name of Lim                                  | IS DW 6 COMP A  | <del></del>  |
|  |  |   |  |
| The enclosed Articles of                 | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return all correspo               | ndence concerning this matter                | to the following:   |  |
|  |  |   |  |
|  | Too  | O LOVINGEM<br>Name of Person  |  |
|  | _  |   |  |
|  | <u> </u>                                     | Firm/Company  | NO COMPANY LLC   |
|  | 7710 1.7                                     | 20 A-1-   |  |
|  | 2310 00 1                                    | BRISTOL AVE   |  |
|  |  | FL 33609 City/State and Zip Code                                    |  |
|  |  | City/State and Zip Code   |  |
|  |  | to be used for future annual report notion                          |  |
|  |  | ·   | ncation)   |
| For further information co               | oncerning this matter, please c              | all:  |  |
| 7000 LC                                  | VINGER                                       | at ( <u>443</u> ) 622-  | -6651  |
| Name o                                   | Person                                       | Area Code Daytim  | e Telephone Number   |
|  |  |   |  |
| Enclosed is a check for th               | -  |   |  |
| □ \$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) |
|  |  |   |  |
| MAIL                                     | ING ADDRESS:                                 | STREET/COUR   | IER ADDRESS:   |
| Registr                                  | ation Section<br>n of Corporations           | Registration Section Division of Corpo                              |  |
| P.O. Bo                                  | ox 6327                                      | Clifton Building  |  |
| Tallaha                                  | ssee, FL 32314                               | 2661 Executive Co<br>Tallahassee, FL 32                             |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GREENERLY HOUSEM   | v6 company   | LLC                    |
|--|--|------------------------|
| (Name of the Limited Liability Company (A Florida Limited Lia  | as it now appears on our records.) bility Company) |                        |
| The Articles of Organization for this Limited Liability Company w  | T/a/11   | and assigned           |
| Florida document number <u>L 1 60000 900 86</u>  |  |                        |
| This amendment is submitted to amend the following:  |  |                        |
| A. If amending name, enter the new name of the limited liabili   | ty company here:                                   |                        |
| HEALTHER STAY (LEAR W) The new name must be distinguishable and contain the words "Limited Liability                       | ATER LLC   |                        |
|  |  |                        |
| Enter new principal offices address, if applicable:  | Z310 W. BRISTAMPA, FL 3                            | TOL AVE                |
| (Principal office address MUST BE A STREET ADDRESS)  | TAMPA, FL 3  | 3609                   |
|  |  |                        |
| Enter new mailing address, if applicable:  | Z310 W. BRIS<br>TAMPA, FL 33                       | TOL AVE                |
| (Mailing address MAY BE A POST OFFICE BOX)   | TAMPA, FL 33                                       | 1609                   |
|  |  |                        |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: |  | er the name of the new |
| registered agent and/or the new registered office address neve.  |  | 5.                     |
| Name of New Registered Agent:  |  | 7                      |
|  |  |                        |
| New Registered Office Address:   | Enter Florida street address                       | 92 1                   |
|  | , Florida  |                        |
|  | City , Florida                                     | - Zip Code             |
| New Registered Agent's Signature, if changing Registered Agent:  |  | 55                     |

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 = N $AMBR = A$ | lanager<br>uthorized Member |              |                |
|--------------------|-----------------------------|--------------|----------------|
| <u>Title</u>       | <u>Name</u>                 | Address      | Type of Action |
| <u></u>            |                             |              |                |
|                    |                             |              | □ Remove       |
|                    |                             |              | ☐ Change       |
|                    |                             |              | D Add          |
|                    |                             |              |                |
|                    |                             |              | Change         |
|                    | <u> </u>                    | <u> </u>     | Add            |
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|  | <del>□</del> |
|  | 5 6   |
| re date, if other than the date of filing:  etive date is listed, the date must be specific and cannot be prior to date  f the date inserted in this block does not meet the applicable s  nt's effective date on the Department of State's records. | (optional) ie of filing or more than 90 days after filing.) Pursuant to 6 statutory filing requirements, this date will not be li |
| ecord specifies a delayed effective date, but not an<br>e 90th day after the record is filed.  | effective time, at 12:01 a.m. on the ear  |
| JUNE 29, 2017.   |   |
|  |   |
| Signature of a member or authorized  |   |

Page 3 of 3

Filing Fee: \$25.00