# 1/6000/25170

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# **COVER LETTER**

	Registration Se Division of Cor		•		
SUBJEC		ireens, LLC			
SUBJEC	T:		ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Star M. Sansone			
			Name of Person		
		Salter Feiber, P.A.			
Firm/Company					
3940 N.W. 16th Blvd., Bldg. B					
		Gainesville, FL 32605	Address		
			City/State and Zip Code		
		dennis@checkerboardviney	rards.com		
For furthe	er information c	E-mail address: ( oncerning this matter, please co	to be used for future annual report noti all:	fication	
Star M. Sansone			352 376-8201 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed	is a check for th	e following amount:			
\$25.0	0 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)	

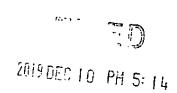
MAILING ADDRESS:

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



Courtney Greens, LLC			
(Name of the Limi	ted Liability Company as i (A Florida Limited Liabilit	it now appears on our records.) y Company)	
The Articles of Organization for this Limited I. Florida document number L16000125170	iability Company were	filed on 12/31/1992	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability c	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:	_		·
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<del></del> .
		<del>_</del>	
B. If amending the registered agent and registered agent and/or the new registered or		address on our records, <u>e</u>	nter the name of the
	<u></u> -		
Name of New Registered Agent:	James D. Salter		
New Registered Office Address:	3940 N.W. 16th Blvd	i., Bldg. B	
		Enter Florida street address	
	Gainesville	, Florid	a 32605
	C	lity ————————————————————————————————————	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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<del></del>		
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<u>Note:</u> If th	ne date inserted	than the date of the date must be specifing this block does the on the Department	s not meet the a	pplicable statuto	ing or more than 9 ry filing require	(optional) days after filing.) ments, this date w	Pursuant to 605.0207 ill not be listed as i
ne record The 90	l specifies a th day after	delayed effec the record is	tive date, bu filed.	it not an effec	ctive time, at	12:01 a.m. o	n the earlier of
Dated	12/05	12019	·	·			
				•			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00