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SECRETARY OF STATE

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COVER LETTER

TO:		tration Section of Corpo			
CUDIE					
SUBJE	CI: _			ited Liability Company	
The enc	losed /	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please r	eturn a	ll correspond	dence concerning this matter	to the following:	
			Mark Hills		
			Name of Limited Liability Co Name of Limited Liability Co of Amendment and fee(s) are submitted for filing spondence concerning this matter to the followin Mark Hills Name of Greenhills Realty, LLC Firm/Con 811 Mabbette Street Address: (to be used for further concerning this matter, please call: are of Person at (Name of Person	
			Greenhills Realty, LLC		
			· · · · · · · · · · · · · · · · · · ·	Firm/Company	
			811 Mabbette Street		
				Address	
			Kissimmee, FL 34741		
				City/State and Zip Code	
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For furt	her inf	ormation cor		·	attony
Mark H	ills			407 847-2280 at ()	
		Name of I	Person	Area Code Daytime	Telephone Number
Enclose	d is a c	theck for the	following amount:		
■ \$25	.00 Fil	ing Fee		□ \$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

Greenhills Realty, LLC		
(Name of the Limited Liability (A Florida Li	Company as It now appears on our reco imited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Con	npany were filed on 07/21/2016	and assigned
Florida document number L16000137638		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Greenhills Realty & Management, LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	SS)	yes seed
		200
		0.2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		ORIG
		
B. If amending the registered agent and/or registered agent and/or the new registered office address		ds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
	,1	Florida
 -	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
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<u>e:</u> If th	date, if other than the date is listed, the date in this date inserted in this is effective date on the	block does not me	ect the applicable	statutory filing req	uirements, this	nal) filing.) Pursu date will n	uant to 605.0 not be listed
	d specifies a delay oth day after the re		ate, but not a	n effective time	, at 12:01 a	.m. on th	ne earliei
:d	7-30-10	, ,			70		g py pro-ent i likklin
	- 	<u> </u>					17
<		Signature of a m	ember or authorize	d representative of a	member on		
	Mark Hills					R TO	
					CORIDA		

Filing Fee: \$25.00