L16000165862

(Re	equestor's Name)		
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Greene Acres Lawn Services 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:
Mark Osborn Name of Person
Greene Acres Lawn Services LLC Firm/Company
416 W 12+5 Drive Address
Greeneville FL 32331 City/State and Zip Code
greene acres lawn service @ yahoo com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mark Osborn at (850) 997 3443 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

Greene Acres Law Services LLC

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records. Liability Company))		
The Articles of Organization for this Limited Liability Company	were filed on <u>September G</u>	19016	and ass	igned
Florida document number <u>L16000165802</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
Greene Acres Lawn Service				
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC"	or the abbrevi	ation "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		 		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		·		
				
B. If amending the registered agent and/or registered of	fice address on our records,	enter the	name	of the new
registered agent and/or the new registered office address here	:		E	¢
		en in Gran	5	2.5
Name of New Registered Agent:		<u>r-:,</u>	=	
New Registered Office Address:		6	_	F:
	Enter Florida street address	FLOOD	30	
	, Flor	ida		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Aúthorized 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
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D. If amending a	ny other informatio	n, enter change	e(s) here: (Atto	nch additional she	ets, if necessary	v.)	
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Note: If the da	if other than the da e is listed, the date must be te inserted in this block ective date on the Depar	does not meet ti	he applicable sta	of filing or more than tutory filing require	(optional) 90 days after filing ements, this date	.) Pursuant to 6 will not be li	05.0207 (3)(b isted as the
	ecifies a delayed e ay after the record		but not an e	ffective time, a	t 12:01 a.m.	on the ear	lier of:
Dated <u>Sept</u>	Mistur	Soul	101 G. Story of authorized re	presentative of a mer	nber		
	Chris	stina Jou	OSO dor printed name	of signee			

Page 3 of 3

Filing Fee: \$25.00