Medo 182633

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (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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Office Use Only



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SECRETARY OF STATE

AND AND SECRETARY OF STATE

D. SCOTT FEB 1 2017

COVER LETTER

TO: Registration Section

. Division of Corporations

| SUBJECT: | reen Diamo | nd Cleaning & ted Liability Company | Hauling LLC |
|--|--|--|---|
| | Amendment and fee(s) are subsidence concerning this matter | _ | |
| | <u>Koj u</u> | ani Tennell Name of Person | |
| | Green D | Firm/Company | ing & Hauling ((C |
| | 10639 Great | Falls Lane Ta | mpa F1 33647 |
| | green diam | ampa F1. City/State and Zip Code ond Cleaning @ 00 | ctlook.com. |
| | E-mail address: (| to be used for future annual report notific | eation) |
| For further information co | ncerning this matter, please ca | all: | SEC SEC |
| Kojuanj Name of | I-ennell Person | at (<u>\$13</u>) <u>638 L</u> Area Code Daytime | Telephone Number 43 30 F |
| Enclosed is a check for th | e following amount: | | SE IS |
| \$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) |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent | tions |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Green Diamond C | leaning & Hauling UC |
|--|---|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) |
| The Articles of Organization for this Limited Liability Company v | were filed on 10 1 2016 and assigned |
| This amendment is submitted to amend the following: | TALL: |
| A. If amending name, enter the new name of the limited liabil | ity company here: |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" or the abbreviation "L.L.G." |
| Enter new principal offices address, if applicable: | 106 39 Great Falls Cane |
| (Principal office address MUST BE A STREET ADDRESS) | Tampa F1 33647 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 10639 Areat Falls la Tampa F1 33647 |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | fice address on our records, <u>enter the name of the new</u> : |
| Name of New Registered Agent: | guanji Tennell |
| New Registered Office Address: | Enter Florida street address |
| Ta | rity , Florida 33647 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.

f 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 **Type of Action** Address Title Name AMBR Vaneka Green 6819 Eveter Park P - Add Apollo Beach Fl 35 Remove ☐ Change 6819 Exeter Park Pl Vaneka Green MGR Aprilo Beach F/ 33572, Remove ☐ Change Lojuanji Tennell 10639 Great Falls BAdd F | 33647 □ Remove Shange CT AMBR Konaign Tennell 10639 Great Falls 18 Add care ☐ Remove AHBR Linda Green 10802 Keys Bate DR - Add Riverview F1 33572 Remove □ Change ☐ Change

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--|
| = New Registered Agent should be changed t |
| Kojuanji Tennell. |
| Egach i enter: |
| |
| - Old Registered Agent Linda Green Should be |
| removed. |
| |
| 1 1 1 2 2 1 (mar) |
| - MAR JAMBR. Vaneka Green should be remove |
| |
| - New Registered Agents Address is |
| _ ohanged |
| Orange of |
| |
| * I Kojuanji L. Tennell accepts the |
| obligations of the position as the new |
| |
| resistered agent for the Company. |
| 1-25-17 |
| Rox in |
| |
| E. Effective date, if other than the date of filing: (optional) |
| (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the |
| document's effective date on the Department of State's records. |
| TASE T |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. |
| See |
| Dated January 25th, 2017. |
| |
| Signature of a member or authorized representative of a member |
| |
| Lowanii lennell Typed or printed name of signee |
| Typed of printed name of signed |

Page 3 of 3

Filing Fee: \$25.00