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(Red	questor's Name)	
(Add	dress)	
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COVER LETTER

TO: Registration Se Division of Cor			
	NTERPRISES OF FLORIDA, I	LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BARBARA WHITTAKER	₹	
		Name of Person	
	GREEN ENTERPRISES (OF FLORIDA, LLC	
		Firm/Company	
	1806 N FRANKLIN STRE	EET	
		Address	
	TAMPA, FL 33602		
	h ushittakan@ujantail.aam	City/State and Zip Code	
	b.whittaker@giantoil.com E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	
BARBARA WHITTAK	ER	813 740-0422 X 124	
Name of Person		at () Area Code Daytime Telephone Number	
Enclosed is a check for the	k s following amount		
■ \$25.00 Filing Fee	S30.00 Filing Fee &	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing	, Fee
■ 323.00 Filing Fee	Certificate of Status	Certified Copy Certificate o (additional copy is enclosed) Certified Co (additional copy is enclosed)	of Status &
Mailing Address Registration Solution of Control P.O. Box 632 Tallahassee,	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

GREEN ENTERPRISES OF FLORIDA, LLC

2022 JUN 10 AM 10: 51

(Name of the Limited	d Liability Company as it now appears on ou A Florida Limited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Lia	hility Company were filed on 3/15/2017	ALLAHASSEE, FL and assigned
Florida document number L17000059345	comey Company were med on	and assigned
	·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or re	gistered office address on our records	, enter the name of the new registered
agent and/or the new registered office address	-	
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida stre	et address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Re	·	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the re	r and complete performance of my du tered agent as provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is
company has been notified in writing of this c		,
company has been notified in writing of this c	hange.	

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>	<u>Address</u>	Type of Action
MBR	NIDAL ALI	1806 N. FRANKLIN ST	□Add
		TAMPA, FL 33602	■Remove
			□Change
	<u> 22.</u>		□Add
			□Remove
			□Change
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f an effective da Note: If the c	e, if other that ite is listed, the dat late inserted in the	te must be specific his block does r	e and cannot be	prior to date of f policable statu	iling or more that tory filing reau	n 90 days after :	filing.) Pursua	nt to 605.0207 t be listed as
	Teetive date on (, , ,			
e record speci ed is tiled.	fies a delayed ef	fective date, but	inot an effecti	ve time, at 12:	:01 a.m. on the	earlier of: (b)	The 90th	day after the
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Dated	~		- + -		·	~		
Dated								
Dated		Signature of	of a member or	authorized repre	esentative of a m	ember		