## 117000082216

(Re	questor's Name)	
(Ad	dress)	· ·
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	ustate Windship and H	
(Cit	y/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Name	)
,		,
(Do	cument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer	
Special instructions to	Filing Officer.	

Office Use Only



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S. PRATHEI

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

•	ame Correction		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Michael Morris		
		Name of Person	
	Grenlef, LLC		
		Firm/Company	
	2320 Fawns Creek Xing		
		Address	
	Mount Juliet, TN 37122		
	mrmorris@grenlef.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notification	n)
For further information	n concerning this matter, please c	all:	
Michael Morris	meonice in a minute, premier	615 696-6110	
		at ( )	
Nam	e of Person	Area Code Daytime Telep	phone Number
Enclosed is a check fo	r the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  AFTER NAME Change
P.O. Box 6	n Section `Corporations	Street Address: Registration Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 323	tions tassee cet, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREN LEF LLC

( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 04/12/2017 and assigned
Florida document number 1.17 (100082210)  This amendment is submitted to amend the following:	ited liability company here:
A. If amending name, enter the new name of the lim GRENLEF, LLC	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:
provisions of all statutes relative to the proper and c accept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ed office address. I hereby confirm that the limited liability
	If Changing Registered Agent, <u>Signature of New Registered Agent</u>

If amending A	Authorized Person(s) authorized to man	nage, enter the title, name, and address of each pe	erson being added
MaR = Mar	om our records: nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
\			_ □Add
	\		_ □Remove
			_ □Change
			_ \\ _ \\\Add
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ective date, if other than the	date of filing:	(optional)
te: If the date inserted in this bi	ock does not meet the applicable statutory \ii	r more than 90 days after filing.) Pursuant to 605.020 ling requirements, this date will not be listed a
cument's effective date on the De	partment of State's records.	
	e date, but not an effective time, at 12:01 a.n	n. on the earlier of: (b) The 90th day after the
s filed.		
June 27th ted	2022	
on	1 cm	2025
	Signature of a member or authorized representati	ive of a member UN 29
Michael Morris	'	129 (25)