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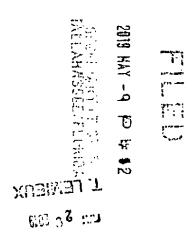
(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Greenes Grading UC 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:
George Greene Jr. Name of Person
Greenes Grading LLC
907 Myster Ct.
DOVERDON, FL 33837 City/State and Zip Code
Greens arading & Uahoo. Com E-mail address: (to be asset for future annual report notification)
For further information concerning this matter, please call:
Gloral Greene Jr. Name of Person at (863) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section

Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF * 2

Greenes	Gradina UC	
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	3 on our records.) 2019 MAY - 9 12 15 82
		Cala ton
The Articles of Organization for this Limited		4 28 2017 and assigned
Florida document number <u>L1700009</u>	5053	TAELAHASSEL / LOMUA
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company he	<u>:re</u> :
The new name must be distinguishable and contain the	words "limited Liability Company" the d	priorption "I I C" - the abbreviate with C"
		esignation LLC or the appreviation L.L.C.
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	C ROX)	
33,1,03,01,10		
B. If amending the registered agent and	Vor registered office address on	our records enter the name of the now
registered agent and/or the new registered o	ffice address here:	our records, enter the name of the new
	Λ Λ	,
Name of New Registered Agent:	George Gre	ene Jr.
New Registered Office Address:	907 Mystery	Ct.
	Enter Fleb	da street address
	Davenport	, Florida <u>33</u> 837
	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.

Changing Registered Agent, Menature 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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Remove
			□ Change
			Add
		Remove	
			Change
			
			□ Remove
			Change
			Remove

_□ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
 -	
If an effect <u>Note:</u> If	e date, if other than the date of filing:
ne reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	May 6th 2019 Biggine of member of additionized representative of a member
	Debrose Preene IV

Page 3 of 3

Filing Fee: \$25.00