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COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
SUBJI	James Gree	r LLC		
SUBJI	rci:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		James Greer		
		James Greer LLC	Name of Person	
		2341 Bannister St	Firm/Company	
		Deltona, FL 32738	Address	
		jamesgreerllc@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti-	fication)
For tur	rther information co	oncerning this matter, please c	all:	
James	Greer		at () 370-3447 Area Code Daytine	
	Name o	f Person	Area Code Daytine	· Telephone Number
Enclos	sed is a check for th	ne following amount:		
\$2	5.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

, ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

James Greer LLC (Name of the Limited Liability Company as it now appears on our Feords.)

(A Florida Limited Liability Company)

IALLAHASS The Articles of Organization for this Limited Liability Company were filed on $\frac{10/31/2017}{10}$ and assigned Florida document number L17000225208 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

_. Florida ___

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Carol A. Petrovie	2341 Bannister St. Deltona, Fl 32738	Add
			■ Remove
			Change
AMBR	Cynthia D. Santana-Greer	2341 Bannister St. Deltona, FL 32738	■ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
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			Add
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		<u> </u>	☐ Change
			☐ Remove
			☐ Change

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A Justin		
Signature of a member or authorized representative of a member	Dated <u>De</u>	2018
		Signature of a member of adthorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00