LITCOLLSZOS

(Re	questor's Name)	
(Ac	ldress)	_
(Ad	ldress)	•
(Ci	ty/State/Zip/Phone	<u>. #1)</u>
(Ci	ty/Otale/2/p/F/10/16	, , ,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Statue
Certified Copies	_ Certificates	. OI Status
Special Instructions to	Filing Officer	
Special maddenona to	r imig Omoci,	

Office Use Only

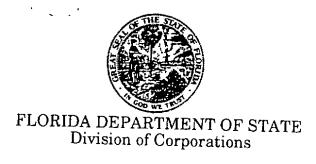


900334345819

900334345819 09/23/19--01034--010 **25.00

> 2019 OCT 21 AH 8: 37 SECRETARY OF STATE.

OCT 24 2013



October 8, 2019

JAMES GREER LLC 18119 CADENCE STREET ORLANDO, FL 32820

SUBJECT: JAMES GREER LLC Ref. Number: L17000225208

We have received your document for JAMES GREER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can not have more than one Registered Agents

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 219A00020674

COVER LETTER

SUBJECT:	James Greer LLC	:	
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	James Greer		
		Name of Person	
	James Greer LLC		
		Firm/Company	
	18119 Cadence Street		
		Address	
	Orlando. FL 32820		
	JamesGreerLLC@gmail.c	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notifica-	ation)
For further information cor	ncerning this matter, please ca	itt:	
Cynthia Santana-Greer		407 595-0429	
Name of I	Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	following amount:		
	-	5 ***	
□ \$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:

TO:

Registration Section Division of Corporations

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

James Greer LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Florida document number L17000225208	Liability Company	were filed on 10/31/2017	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		18119 Cadence Street	
Principal office address MUST BE A STREET ADDRESS)		Orlando, FL 32820	
Enter new mailing address, if applicable:		18119 Cadence Street	
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, FL 32820	2019 00 T
B. If amending the registered agent and registered agent and/or the new registered of			s, enter the name of the ne
Name of New Registered Agent:	Cynthia D. Santana-Greer		FATE GRIDA
New Registered Office Address:	18119 Cadeno		
		Enter Florida street addres	33
	Orlando	, FI	orida <u>32820</u>
		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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Owner/MGR	Cynthia D. Santana-Greer	18119 Cadence Street, Orlando, FL 32820	Add
			□ Remove
			Change
AMBR Cynthia D. Santana-Greer	Cynthia D. Santana-Greer	18119 Cadence Street Orlando, FL 32820	
			■ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Add
			Remove
			Change
	 	□ Remove	
		☐ Change	
			Add
		□ Remove	
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (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)(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.
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.
Dated <u>October 16</u> . 2019.
Signature of a member or authorized representative of a member
Cynthia D Santana - Greek Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00