

L17000 226879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

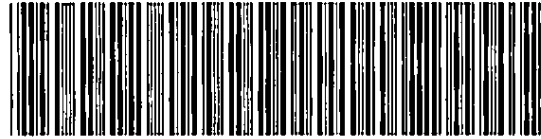
(Business Entity Name)

(Document Number)

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CLERK OF COURT
DISTRICT OF COLUMBIA
WASHINGTON, D.C. 20004

SEP 16 2020

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GREENSIDE AUTO COLLISION LLC

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:

OMOLOLA JOY AGBOOLA

Name of Person

GREENSIDE AUTO COLLISION LLC

Firm/Company

2104 SW 59TH TERR

Address

HOLLYWOOD, FL 33023

City/State and Zip Code

gsabr2017@gmail.com, clientboss@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Patterson

786

599-5938

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

GREENSIDE AUTO COLLISION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01-27-2020 and signed
Florida document number L17000226879

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

GREENSIDE AUTO COLLISION LLC

2104 SW 59TH TERR

HOLLYWOOD ,FL 33023

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

GREENSIDE AUTO COLLISION LLC

2104 SW 59TH TERR

HOLLYWOOD ,FL 33023

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:

ONLY ADDING A NEW AUTHORIZED REGISTERED AGENT PLEASE

New Registered Office Address:

KEEP JASON PATTERSON AS THE PRIMARY REGISTERED AGENT

Enter Florida street address

_____, **Florida**

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.

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>	<u>Type of Action</u>
MGR	OMOLOLA JOY AGBOOLA	2104 SW 59TH TERR, HOLLYWOOD FL 33023	<input checked="" type="checkbox"/> Add
		IMPORTANT ! PLEASE CHANGE MAILING	<input type="checkbox"/> Remove
		ADDRESS TO 2104 SW 59TH TERR	<input type="checkbox"/> Change
		HOLLYWOOD ,FL 33023	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

MAILING ADDRESS PLEASE CHANGE TO

2104 SW 59TH TERR , HOLLYWOOD FL 33023

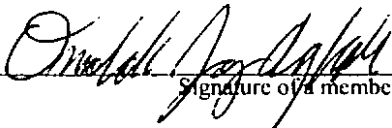
E. Effective date, if other than the date of filing: _____ **(optional)**

(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)(b)

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 7-17-2020 7-17-2020



Signature of a member or authorized representative of a member

LASTNAME :AGBOOLA FIRST NAME: OMOLOLA MIDDLE: JOY

Typed or printed name of signee