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910 SOB, LLC

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Corporate Filing Menu

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Tallahassee, FL 32314

COVER LETTER

TO: Registration Section Division of Corporations 910 SOB, LLC SUBJECT: 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: M. Timothy Hanlon Name of Person Alley, Maass, Rogers & Lindsay, P.A. Fum/Company 340 Royal Poinciana Way, Suite 321 Address Palm Beach, FL 33480 City/State and Zip Code clync@amil.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: M. Timothy Hanlon Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & Certificate of Status 🗆 \$55.00 Filing Fee 🕾 □ \$60.00 Filing Pee, \$25.00 Filing Fee Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ilit		
910 SOB, LLC	, N	
Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
	Timus Estimos Estaviny Company)	
The Articles of Organization for this Limited Liabil	lity Company were filed on 11/03/2017	and assigned
Florida document number L17000228310	• • •	
Johns doednen namer	·	
This amendment is submitted to amend the follows	ing:	
A. If amending name, enter the new name of the		
1. If amending name, enter the new name of the	E mined naminy company nere;	
	·	
he new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbrevi	ation "L.L.C."
[1] Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A		
17 meipan office maness 21081 213 x 811681 72		
		
1111		23
Enter new mailing address, if applicable:		77
Mailing address MAY BE A POST OFFICE BO.	<u></u>	
<u> </u>	<u></u>	r
Bl		· -
B. If amending the registered agent and/or	registered office address on our records, enter the	name of the ne
egistered agent and/or the new registered office	e address here:	. <u>.</u>
		64
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida street address	
·		
_	, Florida	ip Code
		ip cone
New Registered Agent's Signature, if changing Regi	istered Agent:	
liti	sout and some to got in this connects. I further garee t	a camply with th

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

_□ Change

If amending or removed t	Authorized Person(s) authorizer	red to manage, enter the title, name, and i	address of cach person being added
MGR = Ma	auager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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-	din full as follows:	
	anaged limited liability company, and the initial	
GBL Holdings, LLC, a New York li	mited liability company and Green Holdings LL	C, a New York limited
liability company.		
	<u>II</u>	
	<u> </u>	
	<u>. </u>	7.
		8: 2
ive date, if other than the date o fective date is listed, the date must be spec	Hie and cannot be prior to date of filing or more than 9	(optional) 0 days after filing.) Pursuant to 605.
If the date inserted in this block doe nent's effective date on the Departme	sinot meet the applicable statutory filing require at of State's records.	ments, this date will not be liste
cord specifies a delayed effect 90th day after the record is	tive date, but not an effective time, at filed.	12:01 a.m. on the earlie
November 22	, 2017	
MITH HI	Authorial Aret	
Signatu	re of a member or authorized representative of a mem	ber
•	ırı	
M. Timothy Hanlon		

Filing Fee: \$25.00