118000065680

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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O SIMMONS Mar 27 2018

COVER LETTER

TO:	Registration Se Division of Cor			
CHRI	PAT.	Greenwood Invest	ment Enterprises, LLC	
SUBJI	ECT:	Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		;	Sylvia Diggs	
			Name of Person	
		Green	wood Investment Enterprises, LLC	
			Firm/Company	
		274	4 Pythagoras Circle	
			Address	
		Orl	ando, FL 34761	
			City/State and Zip Code	
		-	ylvia7@gmail.com o be used for future annual report notifi	Const. A
			·	cation)
For fur	rther information c	oncerning this matter, please ca	ıll:	
	Sylvia I	Diggs	773 641-0717	
	Name o	f Person	Area Code Daytime	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

	stment Enterprises		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now apper la Limited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL18000065680	Company were filed on _	March 13, 2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company l	<u>nere</u> :	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the	designation "LLC" or the a	hbre ion "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	公主 型
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>	26 1
Enter new mailing address, if applicable:			FLORITE I
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		n our records, <u>enter</u>	the name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fl	orida 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>	Address	Type of Action
Vice Pres	Gregory Bellemy	PO Box 734	
		North Hollywood, CA 91603	■ Remove
			☐ Change
			□ Remove
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		19 PW 119 PW 19 PW	
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(If an e <u>Note</u>	ctive date, if other than the date of filing:	
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier see 90th day after the record is filed.	of:
	d March 20 2018	
Date		
Date		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00