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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: TRANSAMERICA ACCOUNTING & SERVICES INC

Account Number : I20090000046

Phone

: (239)274-8290

Fax Number

: (239)415-7373

\*\*Enter the email address for this business entity to be used for future 🚎 annual report mailings. Enter only one email address please.\*\*

Email Address: TRANSAMERICA\_ ACCT @

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GREEN BIRD IRRIGATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Help

K. SALY 7 2019 08-06-19:04:17 (From:Transamericaa

To: 8506176383

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	N BIRD IRRIGATION, LLC	
(Name of the Limited Lin (A Flo	ibility Compnay as it now appears on our records, prida Limited Liability Company)	)
The Articles of Organization for this Limited Liabilit	y Company were filed on 04/27/2018	and assigned
Florida document number L18000106062		•
his amendment is submitted to amend the following	;	
. If amending name, enter the new name of the l	imited liability company here:	
GREEN BIRD IRRIGATION & LANDSCAPES, LLC		
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	D D E C C \	
THE CONTROL WAS A STARTED AND	<u> </u>	
Enter new mailing address, if applicable:		
<b>5</b> , <b>1.</b>		
<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
	<del> </del>	
. If amending the registered agent and/or re egistered agent and/or the new registered office a		enter the name of the
The state of the s	<u>561 655 1167 5</u> .	
Name of New Registered Agent:		
Name of New Registered Agent:		
New Registered Office Address:	<del>-</del>	
	Enter Florida street address	
<u> </u>		ida
	Cirv	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

08-06-19;04:17	::From:Transamer	icaa
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To:8508176383 ;2394157373

# 3/ 4

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		
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			Change		
<del></del> -			DA DA TI		
			Remove		
•			Add 2		
			☐ Remove		
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			☐ Change		
			□ Remove		
			Change		

		;Frem:Transamericaa her information, enter change(s) he	To::8506176383 ere: (Attach additional sh	; 2394157373 eets, if necessary.)	= 4/ :
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(If an c Note:	ffective date is list: If the date inso	her than the date of filing:  cd, the date must be specific and cannot be presented in this block does not meet the app date on the Department of State's record	for to date of filing or more than licable statutory filing requi	optional) 190 days after filing.) Pursuant to 6 rements, this date will not be li	05.0207 (3)(b sted as the
If the re (b) The	ecord specifie e 90th day a	es a delayed effective date, but fter the record is filed.	not an effective time,	at 12:01 a.m. on the ear	lier of:
Dated	August Amp	on Man	chorized representative of a me	mber	
		ANIBAL I MARROQUIN LOP			
	<del></del>	Typed or pi	inted name of signee		

Page 3 of 3

Filing Fee: \$25.00