

questor's Name)	
dress)	
dress)	
y/State/Zip/Phon	e #)
☐ WAIT	MAIL.
siness Entity Nar	me)
cument Number)	· · · · · · · · · · · · · · · · · · ·
Certificates	s of Status
Filing Officer:	
	dress) dress) //State/Zip/Phone WAIT siness Entity Nare cument Number) Certificates

Office Use Only



700325122237

02/26/19--01018--003 **35.00

FILES 19 FEB 25 PH 12: 04

FEB 2 6 2019 S. YOUNG



February 9, 2019

SONNIA LLAGUNO GREENTOP STUDIO LLC 16872 SW 142 CT MIAMI, FL 33177

SUBJECT: GREENTOP STUDIO LLC

Ref. Number: L18000152010

We have received your document for GREENTOP STUDIO LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 319A00002858



COVER LETTER

TO: Registration Section
Division of Corporations

	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	2019 F
Please return all correspo	ndence concerning this matter	to the following:	۳ή دی ۱
	SONNIA LLAGUNO		2019FF9-4 8410: 52
	GREENTOP STUDIO LL	Name of Person	19: 52
	16872 SW 142 CT	Firm/Company	
	MIAMI, FL 33177	Address	
	SONNIAUSA@HOTMAIL		
For further information c	e-mail address; oncerning this matter, please ca	to be used for future annual report notif all:	ication)
SONNIA LLAGUNO		305 6132140 at ()	
Name o	f Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for the	ne 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Com	pany as it now appears on our records ed Liability Company)	<u></u>)
	(A Florida Limite	ed Liability Company)	
The Articles of Organization for this Limited L	iability Compa	ny were filed on 06/20/2018	and assigned
Florida document number L18000152010		,	-
Torida document number	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	<u>f the limited li</u>	ability company here:	
N/A			
he new name must be distinguishable and contain the v	vords "Limited Lic	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREI	ET ADDRESS)		
, in the same of t			五百 19
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			(원
3. If amending the registered agent and	or registered	office address on our records	enter the name of the
egistered agent and/or the new registered o	ffice address h	ere:	, <u></u>
Name of New Registered Agent:	N/A		
New Device and Office Address			
New Registered Office Address:		Enter Florida street address	·
		Fle	orida
		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, <u>enter the title, name, and address of each person, being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
TREAS	JORDAN CHAVEZ	16872 SW 142 CT	
		MIANAL D1 22177	= Add
		MIAMI, FL. 33177	□ Remove
			Change
			□ Remove
			Change
			
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Remove
			□ Change
	 -		
			□ Remove
			Change

. N/A	ation, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
. Effective date, if other than the	01/31/2019 e date of filing: (optional)
(If an effective date is listed, the date m	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 lock does not meet the applicable statutory filing requirements, this date will not be listed as
f the record specifies a delayed b) The 90th day after the re	d effective date, but not an effective time, at 12:01 a.m. on the earlier of cord is filed.
Dated	2019
Dates	
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00