L18000153926

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL

(Business Entity Name)
(Decument Niverbas)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



200318700562

09/27/18--01015--012 **25.00

SECRETARY OF JUNE OF ORDER OF THE

OCT 01 2018

COVER LETTER

Division of Corp			
SUBJECT:	reen Titan Law Name of Lim	ited Liability Company	<i>L</i>
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	Verley M	outon JR Name of Person	
	Green Titan	Lawn Service 2.	L.C.
	5712 Gram	Address	
	West Palm beac	L / Flor: da / 334 c	<u> </u>
	Moy ton E	nterprises agmail. L	on^ lication)
For further information co	ncerning this matter, please ca	all:	
Verley A. Name of	Moyton JR. Person	at (<u>561</u>) <u>707</u> Area Code Daytimo	- 8180 c 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our remitted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Con	npany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	I 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 ADDRES	SS)	
		SE SIGN
		> <u> </u>
Enter new mailing address, if applicable:		381
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
	<u>.</u>	- 변경 - 변경 - 변경
		₽ ×
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street oo	Idress
 -		, 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:

or removed from our records:	Manager	
MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Moyton JR, Verley	17381 35 TH Place N.	Add
	J	17381 35 TH Place N. Loxahatchee, FL 33407	⊠ Remove
			Change
NGR_	Burnett, Torrance	5712 Gramercy Dr.	Add
		West Palm Beach	Remove
		FL 33407	Change
			□ Add
		-	□ Remove
			Change
 -		 	_D Add
			Remove
			Change
			_D Add
			_□ Remove
			Change
			Add
			_□ Remove
			□ Change

		•						_
	-							_
				·				_
						<u> </u>		_
								_
					·			
								_
								
						•		
							≅	¥.
•							_ SE _	- <u>57</u> 5
							—ب <u>ئ</u>	—:-; -:-;
							7	
						·	<u> </u>	— <u>::</u> ;
			*****				<u>ت</u>	<u>-</u> ≟:
							ነካ	Ξ.
								_
				 ,				_
ective date, if ot	her than the date (of filing:		2.01	(op	tional)		N = 11 =
	ed, the date must be spe erted in this block do							
	date on the Departm				•			
	s a delayed effe		out not an e	effective tin	ne, at 12:01	a.m. on th	e ear	lier
he 90th day a	fter the record is	filed.						
		<u> </u>	·					
.ed			\supset					
ed			77					
	Signan	ure of a member	or authorized r	rameantativa of	a mombor			

Page 3 of 3

Filing Fee: \$25.00