L19000156137

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DIVISION OF CORPORATION

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COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE		Company LLC				
SOBJE	C1:	Name of Lim	ited Liability Company			
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please r	eturn all correspor	ndence concerning this matter	to the following:			
		Joseph L Greene III				
			Name of Person			
		JL Greene Company LLC				
			Firm/Company	1-7-6		
2007 University Blvd. South						
			Address	····		
Jacksonville, FL 32216						
		concreteadvantage.joe@gm	City/State and Zip Code pail.com			
		E-mail address: (to be used for future annual report notifi	cation)		
For furt	her information co	oncerning this matter, please ca	all:			
Joe Greene			904 813-9742 at ()			
Name of Person			Area Code Daytime	Telephone Number		
Enclose	ed is a check for th	e 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

JL Greene Company LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our record ed Liability Company)	(s.)
The Articles of Organization for this Limited Liability Comparing Horida document number L18000156137	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS,		18 VIS
		2 국주학 3 유민리
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		02
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by Name of New Registered Agent: New Registered Office Address:		
	, F1	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my duties, a as provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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
AMBR	Joseph L Greene III	2007 University Blvd. South Jacksonville, FL 32216	Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Remove
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			Change
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	ive date, if other than the date of filing:		
E. Effecti	· · · · · · · · · · · · · · · · · · ·	suant to	605.020
(li`an eff	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put	not bol	
(If an eff <u>Note:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ent's effective date on the Department of State's records.	not be l	isted a
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