## L18000162435

(Requesto	r's Name)
(Address)	<del>/</del>
(Address)	
(City/State	#/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	it Number)
Certified Copies	Certificates of Status
Special Instructions to Filing (	Officer:





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## **COVER LETTER**

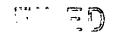
	Registration Se Division of Cor		-	
SHD IEC	THE GREE	ENSHAPE HOLDING LLC		
SOBJEC	T:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		ALFONSO R MACHADO		
		· - · · · · · · · · · · · · · · · · · ·	Name of Person	
		THE GREENSHAPE HO	LDING LLC	
			Firm/Company	
2000 PALM BEACH LAKES BLVD, SUITE 701				
			Address	<u></u>
		WEST PALM BEACH, FI	L 33409	
			City/State and Zip Code	
		AMACHADO@THEGREE		
		E-mail address: (	to be used for future annual report notifi	cation)
For furthe	er information co	oncerning this matter, please ca	all:	
ALFONSO R MACHADO			561 543-3355 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.00	0 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



THE GREENSHAPE HOLDING LLC

THE ORDENSHAPE HOLDING LIC			
(Name of the Limited Liability Compa (A Florida Limited)	(nv as it now appears on our records.) Liability Company)	• •	
(1) CANGE SIMILE	manning company)	·	
The Articles of Organization for this Limited Liability Company	were filed on 07/05/2018	and assigned	
Florida document number L18000162435		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2000 PALM BEACH LAKES BLVD		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 701		
	WEST PALM BEACH, FL 33409		
Enter new mailing address, if applicable:			
(Muiling address MAY BE A POST OFFICE BOX)			
	<u> </u>		
B. If amending the registered agent and/or registered of		ter the name of the ne	
registered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address	<del></del>	
	, 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
MGR	BRIAN NORTON	125 S STATE RD 7 UNIT 104 # 316 WELLINGTON, FL 33414	Add
		<del> </del>	<b>≅</b> Remove
			□ Change
MGR	NDS CAPITAL LLC	2000 PALM BEACH LAKES BLVD, SUITE 701	
		WEST PALM BEACH, FL. 33409	☐ Remove
			Change
<del>.</del>		1	Add
			Remove
			Change
			□ Add
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			Change
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			□ Remove
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. Effective	e date, if other thar	n the date of i	17/1/2019   <b>iling:</b>			(optional)	
(If an effect Note: If	e date, if other than tive date is listed, the dat the date inserted in the t's effective date on t	e must be specifi iis block does i	c and cannot be prinot meet the appl	licable statutory	or more than 90 da	ys after filing.) Pursi	iant to 605.0207 (3), of be listed as the
f the reco b) The 9	rd specifies a dela Oth day after the	ayed effective record is file	ve date, but r ed.	not an effecti	ve time, at 12	:01 a.m. on th	ne earlier of:
Dated	NOVEMBER	IST		- /11/			
			_		•		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00