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(Address)		
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SECRETARY OF STATE
TALLAHASSEF FI

COVER LETTER

ro: Registration Division of C		
SUBJECT.	De Maide W	
SUBJECT:	Name of Limited Liability Company	
	of Amendment and fee(s) are submitted for filing.	
Please return all corres	pondence concerning this matter to the following:	
•	Name of Person	
	N/P Firm/Company	
	SIS VILLA Travisa C+ Address	
	Apollo Beach, FL 33772 City/State and Zip Code	
	E-mail address: (to be used for future annual report notifiedtion)	
For further informatio	n concerning this matter, please call:	
Nar	at (353) 678 - 1310 e of Person) Area Code Daytime Telephone Number	
Enclosed is a check for	r the following amount:	
□ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ Green Bee Mards LI		<u>-</u>
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
		3/1/30(8)
The Articles of Organization for this Limited Liability Company w	vere filed on	and assigned
Florida document number <u>L18001(07-308</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "I.I.C" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	·	(n ~2
Enter new mailing address, if applicable:		2022 S SECT
(Mailing address MAY BE A POST OFFICE BOX)		SEP T
		IN THE
		SSE PONT
B. If amending the registered agent and/or registered office ad	ldress on our records, <u>enter the i</u>	name of the new registere
agent and/or the new registered office address here:		07 ATE
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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>	<u> </u>	Address	Type of Action
AMBR	_Q sawtr	ell Kendrick	SIR Villa Traviso C+	_ XAdd
		-	Apollo Beach FL 33572	□Remove
		-		Change
				□Add
		-		□Remove
				□Change
				□ Add
				□Remove
				□Change
				□Add
				□Remove
				□Change
				□ Add
			□Remove	
				□Change
				□ Add
				□Remove
				□Change

Page 2 of 3

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e	ctive date, if other than the date of filing:
the r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	0 August 30th, 2022.
	Menature of a member or authorized representative of a member
	·
	Typed or printed name of signee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

(Name of the Limited Liability Company as i	t now appears on our records)
(A Florida Limited Liability (A Florida Limited Liability)	Company)
The Articles of Organization for this Limited Liability Company were	filed onand assigned
Florida document number <u>L18001(67-368</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability o	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addressed agent and/or the new registered office address here:	ess on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	Tity 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>	<u>Address</u>	Type of Action
AMB12	Ombarell K	endrick SIR Villa Transa C	† XAdd
		Apollo Beach FL	3337.2 Remove
-			□Change
			□Add
			□Remove
			□Change
.			□Add
			□Remove
			□Change
			\Add
			Пенюле
			□Change
			□Add
			□ □Remove
			☐Change
			Пкетюче
			□Change

Page 2 of 3

D. If amending any other information, enter change(s) here: (Anach additional sheets, if necessary.)
•
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3): Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated August 30th 2027
Signature of a member or authorized representative of a member
Typed or printed name of signee