118000171138

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(Document Number)
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04/09/20--01012--021 **25.00

COVER LETTER

SUBJECT:G	reentech Name of Lim	LES SOLU-	tions, LLC	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing		
Please return all correspon	ndence concerning this matter	to the following:		
	Will	iam Batch	helor	
	Greente		itions, LLC	
	8446 A	-pple Orchar	J.RJ.	
	Spring Wd. hatc	City/State and Zily Code Nelov 4502 (2) to be used for future annual report none	34608) GMAIL, CO	m
For further information ec	meerning this matter, please ea	all:	,	63
William	Batchelor Person	Area Code Daytime	8-6511 Telephone Number	20 AFF -9
Enclosed is a check for the	-			67 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
X \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional conv.) is enclosed: ■ ■ ■ ■ ■ ■ ■	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	: [
M 77				

TO:

Registration Section Division of Corporations

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

(Name of the Limited Liability Company (A Florida Limited Lia	e as it now appears on our records.) ability Company)	7 70 %
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{L18000171138}{}$	ere filed on <u>7 - 16 - 2018</u>	and assigned
This amendment is submitted to amend the following:		F
A. If amending name, enter the new name of the limited liabili	ty company here:	5
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abl	previation "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 ad agent and/or the new registered office address here:	dress on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address		
	Enter Florida street address	<u> </u>
		
	Cny	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 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	William J.	Schleter 719 83 dAve.	N. Unit Load
		St. Peters burg, Fr	
			□Change
	-		
			ZRemove
			DChange
			ZAdd
			ZRemove
			TChange
			ZRemove
			□Change
			DAdd
			Remove
			. 744

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Effecti	ve date, if other than the date of filing: 3-16-200 (optional) serve 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docum	ent's effective date on the Department of State's records
ord is fil	
Dated	4-1-202-0 Wignature of a member or authorized representative of a member WILLIAM BATCHELOR Typed or printest name of signec
	V VS ignature of a friember of authorized representative of a member

Filing Fee: \$25.00