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COVER LETTER

Division of Co	orporations		
4.8 (33 23 / / / / / / / / / / / / / / / / /	ve Services, LLC		
		nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Greg J Christie		
		Name of Person	
		Firm/Company	
	516 Second Avenue		
	_	Address	
	Destin, Florida 32541		
	GJC300751@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Greg Christie		850 842-8913 at ()	
Name	of Person	Area Code Daytime	e 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

TO:

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

(Name of the Lim	ited Liability C (A Florida Lin	ompany as it now appears on our anited Liability Company)	records.)
The Articles of Organization for this Limited I Florida document number L19000050906	Liability Com	pany were filed on 02-20-2019	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
Greg Christie Enterprises, LLC			
The new name must be distinguishable and contain the	words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	Same	
(Principal office address MUST BE A STRE	ET ADDRES.	<u>s</u> ,	
		Same	19 JU
Enter new mailing address, if applicable:		Same	<u> </u>
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and		d office address on our re	cords, enter the name of the
registered agent and/or the new registered o			, , , , , , , , , , , , , , , , , , ,
Name of New Registered Agent:	Same		
New Registered Office Address:	Same	Enter Florida street e	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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
		Change	
			□ Remove
			□ Change
			Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			□ Remove
			Change

17. 11 aiiR	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	June 6 2019
	Signature of a member or authorized representative of a member
	Greg Christie
	Typed or printed name of signee

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Filing Fee: \$25.00