L19 000060796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400390755324

07/11/22--01024--020 **60.00

S. CHATHAM

OCT - 6 2022

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 JUL 11 PM 3:00

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: GREENSERVICEGLOW, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GRISEL IGLESIAS
Name of Person

GREENSERVICEGLOW, LLC
Firm/Company

5445 COLLINS AVENUE APT606
Address

MIAMI BEACH FLORIDA 33140-2557
City/State and Zip Code

YOMUSERGY@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOHANKA GUZMAN
Name of Person at (305) 951-0470
Area Code Daytime 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
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

GREENSERVICEGLOW, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

03/04/2019

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L19000060796.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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 applicable:
(Principal office address MUST BE A STREET ADDRESS)

N/A

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: GRISEL IGLESIAS

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.

GRISEL IGLESIAS

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

Title	Name	Address	Type of Action
	Title AMBR Name IGLESIAS, GRISEL SR. SOLE AP:MGR:& REGISTERED AGENT	Address 5445 COLLINS AVENUE BAY 4 City-State-Zip: MIAMI BEACH FL 33140	☒Add • GG ☐Remove ☐Change
	Title MGR Name GUZMAN, YANKEL ADD AS BENEFICIARY ONLY	Address 5445 COLLINS AVENUE 606 City-State-Zip: MIAMI BEACH FL 33140	☐Add ☒Remove • GG ☐Change
	Title AMBR Name GUZMAN, YOHANKA ADD AS BENEFICIARY ONLY	Address 5445 COLLINS AVENUE City-State-Zip: MIAMI BEACH FL 33140	☐Add ☒Remove • GG ☐Change
	Title AP Name GUZMAN, YENSY ADD AS BENEFICIARY ONLY	Address 5445 COLLINS AVENUE BAY4 City-State-Zip: MIAMI BEACH FL 33140	☐Add ☒Remove • GG ☐Change
			☐Add ☐Remove ☐Change
			☐Add ☐Remove ☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE ADD THE FOLLOWING
AS BENEFICIARIES ONLY:

YANKEL GUZMAN

YOHANKA GUZMAN

YENSY GUZMAN

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03/02/2019

E. Effective date, if other than the date of filing: _____ (optional)

(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)(b)

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 06/24/ 2022

X _____

Signature of a member or authorized representative of a member

MEMBER & REPRESENTATIVE: GRISEL GUZMAN YOHANKA GUZMAN

Typed or printed name of signee

X _____