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(F	Requestor's Name)
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PICK-UP	WAIT MAIL
(B	Susiness Entity Name)
(Č	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:





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Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: orders@aisincfl.com Website: www.aisincfl.com

Craylind Coff, LLC	
FOR OFFICE USE ONLY	
PICK ONE:CERTIFIED COPYPHOTOCOPYC.U.S.	
FILING:	
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIPFICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDMENTZ0	OBJIE ONA OPAONALE
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Amount of Documents DATE 7/2/19 TIME	
Notes:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Greytina Golf, LLC			
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.)		
The Articles of Organization for this Limited Liability Company were filed or		and assigned	
Florida document numberL19000079174			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compar	nv here:		
Greylind Software, LLC			
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbrev	iation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST DE A CORDERS ASSESSED ASSESSED		20	
		9	
	- **		
Enter new mailing address, if applicable:	1.5	-2 岩谷	
(Mailing address MAY BE A POST OFFICE BOX)		· 3	
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		0	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	s on our records, enter the	name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	r Florida street address		
	, Florida		
City	, Florida	p Cude	

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 □ Add _□ Remove ☐ Change □ Add _□ Remove _i□ Change $\Box \Lambda dd$ □ Remove . □ Change □ Add □ Remove _□ Change □ ∧dd □ Remove ☐ Change

					
					
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fective date, if other than to a effective date is listed, the date in this element's effective date on the	nust be specific and co block does not me	annot be prior to date o et the applicable sta	f filing or more than 90 d utory filing requireme	ays after filing.) Pursu	ant to 605,0207 (3 at be listed as th
record specifies a delay The 90th day after the r	ed effective da ecord is filed.	te, but not an e	fective time, at 1	2:01 a.m. on th	e earlier of:

Page 3 of 3

Filing Fee: \$25.00