## 490000 86133

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Amendrus

JUN 28 2019 I ALBRITTON

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Gre	enhat LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Brad	Doyle Name of Person	
			<del></del>
	Greenha	+ LLC	
•		Firm/Company	
	480 23	Address	
		Address	. 1
	St. Pete	, FL 3370	Ч
	bradley.b.d	City/State and Zip Code  WIC @ gmail. Co  to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca		,
Brad Do	y le	at (727) 421 Area Code Daytime	8130
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Greenhat LCC	
(Name of the Limited Liability Compa (A Florida Limited I	y as it now appears on our records.) jability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\bot 19000086133$	were filed on $\frac{4/3/19}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
W/A-ne change The new name must be distinguishable and contain the words "Limited Liabil	
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	No change
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	No change
Name of New Registered Agent:  New Registered Office Address:  480	fice address on our records, enter the name of the note:  Non O'Mally  23rd Ave. N.  Enter Florida street address  The City Vin Code  Vin Code
	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.

I Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Shannon O'Malley	480 23rd Au. N. St. lek, FC 33704	Add
		St. lete, FC 33704	П Велюче
			☐ Change
<del></del>			
			Remove
			Change
		Add	
			□ Remove
			Change
		<del></del>	
			Встюче
			Change
			Remove
			Change
			Add
			🗆 Remove
			Change

	N/A
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(If an el <b>Note:</b>	(optional)  Rective 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	$-\mathcal{N}/\mathcal{A}$
	Signature of a member or authorized representative of a member
	Bradley B. Dive

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Filing Fee: \$25.00