119000/27650

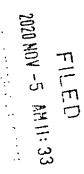
(Rec	questor's Name)	
(Add	dress)	
(Ado	dress)	
(City	//State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Dox	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





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12/14/20

COVER LETTER

TO: Registration S Division of Co			
	Greens LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nathalie Warren		
		Name of Person	
	-	Firm/Company	
	2806 Falling Leaves Drive		
		Address	
	Valrico, FL 33596		
	possumsgreens@gmail.com	City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notical:	fication)
Nathalie Warren		315 380-1019 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 Addre Registration		Street Address: Registration Sec	ction
Division of Corporations		Division of Corporations	
P.O. Box 633 Tallahassee,		The Centre of T 2415 N. Monroe	allahassee c Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Possum's Greens LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{5/10/2019}{1}$ and assigned Florida document number $\frac{1.19000127650}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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>	Name	Address	Type of Action
AR	Michael D. Warren, Jr.	2806 Falling Leaves Drive	Add
		Valrico, FL 33596	□Remove
			□Change
			□Add
			□Remove
			□ Remove Charge Charge
*			Remove
		□ Change	
			□Add
			□Remove
			□Change
		□Add	
		□Remove	
			□Change
			□ Add
			Remove
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on effective date is his presented in the date in the	ther than the date of filisted, the date must be specific a serted in this block does not added on the Department of	and cannot be prior to date of t meet the applicable sta	of filing or more than 90 days	o ptional) after filing.) Pursuant to 605.0207 , this date will not be listed as
ecord specifies a d is filed.	lelayed effective date, but n	ot an effective time, at 1	2:01 a.m. on the earlier o	f: (b) The 90th day after the
ted 2 2	020 Celhaleull Signalundar	a member or authorized re-	presentative of a member	
·	.	l Q. War (Typed or printed name		

Filing Fee: \$25.00