

L19000 206 187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

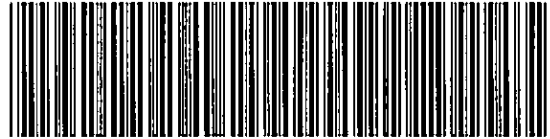
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
19 OCT 28 AM 9: 31

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Green Acres Landscape Management, LLC

Name of Limited Liability Company

FILED
SECTION OF CORPORATIONS
19 OCT 28 AM 9: 81

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

Please return all correspondence concerning this matter to the following:

Ashley Jordan

Name of Person

Green Acres Landscape Management, LLC

Firm/Company

4870 Six Oaks Dr.

Address

Tallahassee, FL 32303

City/State and Zip Code

ashleyjordan@greenacrestally.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Jordan

850 544-0356
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Green Acres Landscape Management, LLC

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

FILED
STATE
CLERK
DIVISION OF CORPORATIONS
19 OCT 28 AM 9:31

The Articles of Organization for this Limited Liability Company were filed on August 13, 2019 and assigned
Florida document number L19000206187.

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 "LLC."

Enter new principal offices address, if applicable:

4870 Six Oaks Dr.

(Principal office address MUST BE A STREET ADDRESS)

Tallahassee, FL 32303

Enter new mailing address, if applicable:

4870 Six Oaks Dr.

(Mailing address MAY BE A POST OFFICE BOX)

Tallahassee, FL 32303

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:

4870 Six Oaks Dr.

Enter Florida street address

Tallahassee

City

Florida

32303

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Steven Green	107 Amy Lane	<input checked="" type="checkbox"/> Add
		Crawfordville, FL 32327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated October 15, 2019

Ashley Jordan Ashley Jordan
Signature of a member or authorized representative of a member

Ashley Jordan *Ashley Jordan*
Typed or printed name of signee