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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

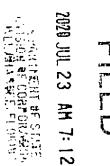
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SEP 1 1 2020

S. YOUNG

COVER LETTER

TO:

	egistration Se ivision of Cor		
SUBJECT	GREENSTO	ONE EQUITIES, LLC	•
SUBJECT	:	Name of Lim	ited Liability Company
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please retu	rn all correspo	ndence concerning this matter	to the following:
		MICHELLE T. REISS	
			Name of Person
		APPLETON REISS, PLLC	•
			Firm/Company
		501 E. KENNEDY BLVD.	SUITE 802
			Address
		TAMPA, FL 33602	
			City/State and Zip Code
		mreiss@appletonreiss.com	
		E-mail address: (to be used for future annual report notification)
For further	information c	oncerning this matter, please co	all:
MICHELL	E T. REISS		813 542-8888 at ()
	Name o	f Person	at () Area Code Daytime Telephone Number
Enclosed is	a check for th	ne following amount:	
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Lailing Addres egistration S		Street Address: Registration Section
D	ivision of C	orporations	Division of Corporations
	O. Box 632		The Centre of Tallahassee
	allahassee, I	こし 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREENSTONE EQUITIES, 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 August 19, 2019 Florida document number _L19000210567 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." 501 E. KENNEDY BLVD., SUITE 802 Enter new principal offices address, if applicable: TAMPA, FL 33602 (Principal office address MUST BE A STREET ADDRESS) 501 E. KENNEDY BLVD., SUITE 802 Enter new mailing address, if applicable: TAMPA, FL 33602 (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

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>	Address	Type of Action
			□Add
			□Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□Add
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Effective date, if other than the date of filing: [If on 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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. e 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 rd is filed. 3020		
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Filing Fee: \$25.00