L19000 294134





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12/13/24--01013--029 **25.00



COVER LETTER

TO: Registration S Division of Co			
SUBJECT: GREEN I	HPPO COMMERCIAL CLEA:	NERS L.I. C.	S
		nited Liability Company	TAL
	f Amendment and fee(s) are sub condence concerning this matter	-	LARINSSE
	RYAN WILLIAMSON		۳۱ <i>۵۰</i>
		Name of Person	,.
	<u></u>	Firm Company	
		Address	
	FORT MYERS, FL 33908		
	RYANWILLIAMSON21@	City/State and Zip Code	
	-	to be used for future annual report not	rtication)
For further information	concerning this matter, please e	all:	
RYAN WILLIAMSON	?	at (239) 823-1169 Area Code Daytin	
Name	of Person	Area Code Daytin	ne 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	Section	Street Address: Registration Sc	
Division of C P.O. Box 63		Division of Co The Centre of	•
Tallahassee,	FL 32314		oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021, DEC 13 PH 3: 06 SECRETARY OF STATE TALLAHASSIF, FL

GREEN HIPPO COMMERCIAL CLEANERS L.L.C.

(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 Co	ompany w	ere filed on 12	/02/2019	and assigned
Florida document number 1.19000294134				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liabili	ty company h	ere:	
GREEN HIPPO LLC				
The new name must be distinguishable and contain the words "Limite	ited Liability	y Company," the o	lesignation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	ESS)			<u> </u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	l office ad	dress on our r	ecords, <u>enter t</u>	he name of the new registered
New Registered Office Address:				
			rida street address	
			Floo	rida
	_	City		7tp Code
New Registered Agent's Signature, if changing Registered				
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete p gent as pr	erformance of ovided for in ((my duties, and Chapter 605, F	l I am familiar with and "S. Or, if this document is
	If Chang	ing Registered A	gent, 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
MGR	CYNTHIA WILLIAMSON	15573 CALOOSA CREEK CIRCLE	
		FORT MYERS, FL 33908	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			©Remove
			TALLAHASSEE FE
			□Remove

____ □Change

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effective da e: If the d	te, if other than t are is listed, the date i late inserted in this ffective date on the	must be specific an s block does not :	d cannot be prior meet the applic	able statutory	or more than ⁹ 0 d filing requireme	_ (optional) ays after filing.) Pu ints, this date wil	rsuant togen 10207 (I not he listed as t (2) (2)
ord specit filed.	fics a delayed effec	tive date, but no	t an effective (ime, at 12:01 a	m, on the earli	er of: (b) The 90	m_{cc}
ed Decem	iber 5	· 	. 2024	·			
	14-	- WL	~				
		Signature of a	member or auth	orized represent	ative of a membe	1	

Filing Fee: \$25.00

Typed or printed name of signee