

L20000056387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

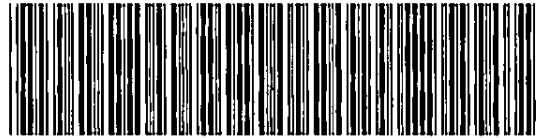
(Business Entity Name)

(Document Number)

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2/18/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: green apple marketplace ..
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

wayne farmer	Name of Person
green apple marketplace	Firm/Company
17333 chelsea down cir	Address
lithia fl 33547	City/State and Zip Code
waynefarmer65@gmail.com	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

wayne farmer 901 212-5443

Name of Person Area Code Daytime 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

green apple marketplace,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 02/19/2020 and assigned
Florida document number 120000056387.

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)

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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:

candy farmer

New Registered Office Address:

17333 chelsea downs cir

Enter Florida street address

lithia

Florida 33547

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.

Candy Farmer

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>
ambr	wayne farmer	17333 chelsea downs cir	<input type="checkbox"/> Add
		lithia fl 33547	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	wayne farmer	17333 chelsea downs cir	<input type="checkbox"/> Add
		lithia fl 33547	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
ambr	candy farmer	17333 chelsea down cir	<input checked="" type="checkbox"/> Add
		lithia fl 33547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	candy farmer	17333 chelsea downs cir	<input checked="" type="checkbox"/> Add
		lithia fl 33547	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an 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 (3)(b)

If the 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 record is filed.

Dated January 7th, 2021

wayne farmer

Typed or printed name of signee