

L20000092955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

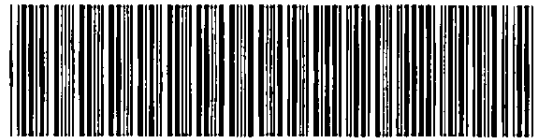
(Business Entity Name)

(Document Number)

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FILED
2023 JAN 24 13
SECURITY
FALLING

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GREENCARE
— COMMERCIAL —

01/17/23

To Whom It May Concern,

Included is an Amendment to our Articles of Organization of a Florida Liability Company, along with a check payable to the Florida Department of State. Our daytime phone number and return address are listed below.

We would like to add Jessica Casino with an address of 4634 SW Bermuda Way - Palm City, FL 34990 as the main/majority Manager.

Please leave in place Willard Casino with an address of 4634 SW Bermuda Way - Palm City, FL 34990 as a second Manager. Additionally, there should be no change to the existing Registered Agent of John J McGlynn III with an address of 729 SW Federal Highway, Suite 102 - Stuart, FL 34994.

Thank you for your consideration.



Willard Casino

FILED
2023 JAN 17 10:13
STATE OF FLORIDA
TALLAHASSEE

4634 SW Bermuda Way - Palm City, FL 34990

Office: (561) - 792 - 1318

www.GreenCareCommercial.com

willcasino@greencarecommercial.com or service@greencarecommercial.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GreenCare Commercial, LLC

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:

Willard Casino

Name of Person

GreenCare Commercial, LLC

Firm/Company

4634 SW Bermuda Way

Address

Palm City, FL 34990

City/State and Zip Code

willcasino@greencarecommercial.com

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

FILED
2023
JAN 13
TALLAHASSEE, FL
SECRET

For further information concerning this matter, please call:

Willard Casino

772 4859222
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 type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" 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 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**

GreenCare Commercial, 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 03/30/2020 and assigned
Florida document number L20000092955.

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

Florida

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.

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	Jessica Casino	4634 SW Bermuda Way	<input checked="" type="checkbox"/> Add
		Palm City, FL 34990	<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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2023
SEP 10
FALLS CHURCH SUBSTITUTION
FALLS CHURCH

FILED

ED