

L20000104645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

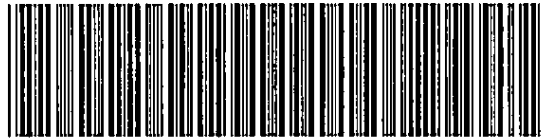
(Business Entity Name)

(Document Number)

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05/20/20--01005--006 **25.00

FILED
2020 MAY 20 PM 2:18

Amend

JUN 10 2020
ALBANY

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Greenbely Cuts 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:

Crystal Owens
Name of Person

Greenbely Cuts LLC
Firm/Company

5235 West Boatwright CT
Address

Leanto, FL 34461
City/State and Zip Code

Greenbelycuts@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Owens at (252) 400-3672
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**

GREENLADY CUTS 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 April 16, 2020 and assigned
Florida document number L20000104645.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~GREENLADY CUTS LLC~~
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)

5335 West Boatwright CT
Locanto, FL 34461

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5335 West Boatwright CT
Locanto, FL 34461

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:

Crystal R Owens

New Registered Office Address:

5335 West Boatwright CT

Enter Florida street address

Locanto

City

Florida

34461

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.

Crystal R Owens

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

(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 May 15th 2020 2020

Crystal Owens
Signature of a member or authorized representative of a member

Crystal R Owens
Typed or printed name of signee