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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Green Disinfecting	, LLC		
DOCUMENT NUM	BER: L20000182303			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Michael G Santos			
		Name of Contact Perso	n	
	Green Disinfecting, LLC			
	····	Firm/ Company		
	9016 Philips Hwy			
		Address		
	Jacksonville, FL 32256			
		City/ State and Zip Cod	e	21 5
	msantos@acicom.net			펆
	E-mail address: (to be us	ed for future annual report	notification)	23 (3)
				 }
For further informati	on concerning this matter, pleas	se call:		 E. D. 1
MIchael G Santos		904 at (759-0121	U 3
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Div P.C	niling Address nendment Section Vision of Corporations D. Box 6327 Ilahassee, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303



February 8, 2021

MICHAEL G SANTOS GREEN DISINFECTING, LLC 9016 PHILIPS HWY JACKSONVILLE, FL 32256

SUBJECT: GREEN DISINFECTING, LLC

Ref. Number: L20000182303

We have received your document for GREEN DISINFECTING, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 921A00002838

PFCEIVED

FEB 2 6 2021

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Anti-land Committee for this Limited Linking Con-		and agramad
-	•	and assigned
Florida document number 17000 187303		
(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		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<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:	office address on our records, <u>s</u>	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	d/or registered office address on our records, enter the name of the new registered address here: Enter Florida street address Florida	
		_, 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 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>	Name	<u>Address</u>	Type of Action
AL	Eduin Wason	St Johns, TL 22259	□ Add
		St Johns, TL 37259	(E Remove
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an effectiv 'ote: If the	date, if other than the date of filing: Nov 17 2000 (optional) we 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 's effective date on the Department of State's records.	07 (as t
record sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	C
ated	Signature of a member or authorized representative of a member	
	Michael G Santos Typed or printed name of signee	