L20000290898

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COVER LETTER

Div	rision of Corp	porations		
SUBJECT:	Green Colla	r 4 l.l.C		
oubject.		Name of Lim	ited Liability Company	
The enclosed	1 Articles of /	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	-	
		Damon Jerden		
			Name of Person	
		Green Collar LLC		
			Firm/Company	
		2619 Joslin Pl		
			Address	
		Orlando, Fl 32806		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		damonjerden@gmail.com	,	
		E-mail address: (to be used for future annual report noti-	fication)
For further i	nformation co	oncerning this matter, please co	all;	
Damon Jerd	en		407 721-0601	
Name of Person		at () Area Code Daytim	e Telephone Number	
Enclosed is a	a check for th	e following amount:		
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ma	iling Address	•	Street Address:	

Registration Section

TO:

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

FILED

Green Collar 4 LLC

company has been notified in writing of this change.

2021 OCT 12 AH 6: 16

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our Liability Company)	records; SECRETARY OF STATE		
The Articles of Organization for this Limited Liability Company Florida document number 1.20000290898	were filed on 9/16/20	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LI.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		<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 office a agent and/or the new registered office address here:	address on our records,	enter the name of the new register		
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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duti	ies, and I am familiar with and		

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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>	Address	Type of Action
MGR	Samantha Phillips	2619 Joslin Pl	🗆 Add
		Orlando, Fl 32806	■ Remove
			Change
MGR	Michelle Mednicoff	6214 Peregrine Ct	= Add
		Orlando, Fl 32819	□Remove
			□Change
			
		<u> </u>	□Remove
			Change
			□Add
			□Remove
			Change
		 	□Add
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			Change
			□Remove
			□ ('honga

					
					
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		10/7/21			
ctive date, if other than effective date is listed, the date	the date of filin	ng:	date of filing or mo	ce than 90 days after	nal)
e: If the date inserted in th	is block does not	meet the applical	ble statutory filing	requirements, this	date will not be listed
ument's effective date on th	ie Department of	State's records.			
ord specifies a delayed effi	ective date, but no	st an effective tin	ne at 12:01 a.m. o	n the earlier of: (b)	The 90th day after th
filed.	.eave date, but no	n an checuve thi	ic, at 12.91 a.m. 0	irthe carner or. (b)	The Sour day area is
O		2021			
ed October 7		2021			
			>		
	-Signature of a	member of author	ized representative o	of a member	

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