L 20000311583

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #	P)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	1

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SECRETARY OF ANTI-

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GREENLEE, LLC		
		-
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Рhого Сору
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
J.G. Marce		Vehicle Search
	·	Driving Record
Requested by: SETH		UCC 1 or 3 File
	Data Time	UCC Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

TO: Registration Section

Division of Cor	porations		
GREENLE	E, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u>. </u>
	1-211-2	and sidemity company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Brian R. French		
		Name of Person	
	Trantalis & Associates		
		Firm/Company	
	2201 What Did to 0to 01		
	2301 Wilton Drive Ste C1		
		Address	
	Wilton Manors, FL 33305	;	
	_	City/State and Zip Code	
			TH. (
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Brian French		954 566-2226	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
			
Enclosed is a check for the	ne following amount:		
325.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		V	(additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	Tallahassee
Tallahassee, l	FL 32314		be Street, Suite 810
		Tallahassee, FI	L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OKEENLEE, LLC						
(Name of the Lin	ited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)	<u> </u>	_	
The Articles of Organization for this Limited Florida document number 62000311583	Liability Company		r 12, 2020	and	assign	ed
This amendment is submitted to amend the fo		- 0	7			
A. If amending name, enter the new name	of the limited liah	oility company here:				
GREENLEEF, LLC	· · ·					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ation "LLC" or the abbi	eviation	"L.L.C.	
Enter new principal offices address, if appli	cable:	n/a				
(Principal office address MUST BE A STRE	ET ADDRESS)					
Enter new mailing address, if applicable:		n/a				
(Mailing address MAY BE A POST OFFICE	BOX)					_
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a	nddress on our record	is, enter the name	of the n	iew_res	
agent ancoor the new registered office addre	<u>sss nere</u> :			444	17.0	
Name of New Registered Agent:	n/a	.	<u> </u>	70 - 10 - 75	H	:
New Registered Office Address:				,: '	cη	:-,
		Enter Florida so	eet address	ń	j.	;
			, Florida		œ	
		City		Zip Cod	e (C)	

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>	Name	Address	Type of Action
	n/a		□ Add
			□Remove
		·	Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□Add
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			□Change

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ffective date, if other than the an effective date is listed, the date in lote: If the date inserted in this ocument's effective date on the	ust be specific and cannot be p block does not meet the ap	prior to date of filing or mor oplicable statutory filing	(optional) re than 90 days after filing.) Prequirements, this date wi	ursuant to 605.024 It not be listed :
record specifies a delayed effect is filed.	ive date, but not an effecti	ve time, at 12:01 a.m. or	the earlier of: (b) The 9	Oth day after th
January 6	2021			
ated		·		
Pated The Patential of	n J. Tirei	ntalis 1	(BOE)	

Filing Fee: \$25.00