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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HAND ARENDALL HARRISON SALE LLC
Account Number : 120130000128
Phone : (850)769-3434
Fax Number : (850)344-9731

Enter the email address for this business entity to be used for future annual report filings. Enter only one email address please.

Email Address: jeamplfield@handfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SMART GREEN CLEAN, LLC

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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S. ROBERTS

JUN 15 2023

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COVER LETTER

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**TO: Registration Section
Division of Corporations**

SUBJECT: SMART GREEN CLEAN, 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:

FREDERICK W PALMQUIST

Name of Person

SMART GREEN CLEAN, LLC

Firm/Company

415 TROPICAL WAY

Address

FREEPORT, FL 32439

City/State and Zip Code

jeampfield@ghandfirm.com

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

For further information concerning this matter, please call:

JESSICA CAMPFIELD

850

650-0010

at ()

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SMART GREEN CLEAN, LLC

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

2023 JUN 14 PM 9:14:5

The Articles of Organization for this Limited Liability Company were filed on 10/05/2020 and assigned
Florida document number 1.20000314386.

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:

HAND ARENDALL HARRISON SALE, LLC

New Registered Office Address:

35008 EMERALD COAST PKWY, STE. 500

Enter Florida street address

DESTIN

Florida 32541

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.

DocuSigned by:

Dian J. Moray

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: B0B2C68D-8DB2-4A9B-BC00-DAC7DCC4D066

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H23000214026 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARIE S. PALMQUIST	415 TROPICAL WAY	<input checked="" type="checkbox"/> Add
		FREEPORT, FL 32439	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	FREDERICK W. PALMQUIST	415 TROPICAL WAY	<input type="checkbox"/> Add
		FREEPORT, FL 32439	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FREDERICK W. PALMQUIST	415 TROPICAL WAY	<input checked="" type="checkbox"/> Add
		FREEPORT, FL 32439	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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