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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

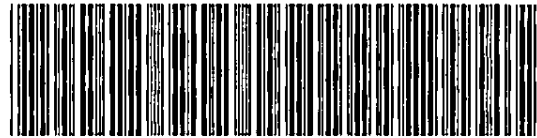
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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21 NOV 19 PM 3:23

T. MATTHEWS

NOV 29 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** VERDANT-OPTIC MANAGEMENT, 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:

GORDON HARMON

\_\_\_\_\_  
Name of Person

VERDANT-OPTIC MANAGEMENT, LLC

\_\_\_\_\_  
Firm/Company

949 HANLEY ALLEY

\_\_\_\_\_  
Address

ORLANDO, FL 32814

\_\_\_\_\_  
City/State and Zip Code

gordon.harmon@verdant-optic.com

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

For further information concerning this matter, please call:

GORDON HARMON

407 274-6400

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

VERDANT-OPTIC MANAGEMENT, LLC

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

21 MAY 12 PM 3:23

The Articles of Organization for this Limited Liability Company were filed on 5/24/2021 and assigned  
Florida document number L21000242585

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)

949 HANLEY ALLEY

ORLANDO, FL 32814

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

949 HANLEY ALLEY

ORLANDO, FL 3814

**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:

GORDON HANLEY

New Registered Office Address:

949 HANLEY ALLEY

*Enter Florida street address*

ORLANDO

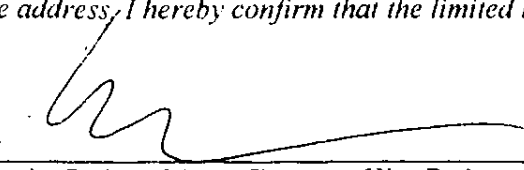
*City*

, Florida 32814

*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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	GORDON HARMON	949 HANLEY ALLEY	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32814	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEXANDER EIJKENDUIJN	8506 SAINT MARIO BLVD.	<input type="checkbox"/> Add
		ORLANDO, FL 32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MRG	JONATHAN RUCK	2675 SNAD HILL POINT CIR.	<input type="checkbox"/> Add
		DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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21:00 12 PM 3:23

(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)

Dated 10/13, 2021

Typed or printed name of signee