K21000286353

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 AUG 15 AM 10: 57

COVER LETTER

Division of Corporations
SUBJECT: Green Acres Brokerage, LLC Name of Limited Liability Company 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:
Tamara Shields Name of Person Green Acres Bruterage UC Firm/Company
7802 W. Riverchase Dr
Temple Terrice, Fl. 33637 City/State and Zip Code Areen acres brokerage a small, Com E-mail address: (to be used for future annual report portification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tamara Shi elds at (813) 340-7071 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol
Mailing Address: Registration Section Registration Section Registration Section

Division of Corporations

P.O. Box 6327

Registration Section

TO:

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

Creen Acres Bro (Name of the Limited Liability Compa (A Florida Limited I	Nerase LLC ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100028635</u> 3	
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 "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14555 Seaford Cir
(Principal office address MUST BE A STREET ADDRESS)	Doit 102 Tampa FL. 33613
Enter new mailing address, if applicable:	14555 Seaford Cir
(Mailing address MAY BE A POST OFFICE BOX)	Unit 102
B. If amending the registered agent and/or registered office a	Tampa, FL. 33613 S. F. F. Address on our records, enter the name of the hew registered
agent and/or the new registered office address here:	ARY OF S HASSEE
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
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 addec or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u>C00</u>	Betty Rivera	7802 W. Rivechase Dr	□Add
		7802 W. Rivechase Dr Temple Terrace, FL 3363	7 Remove
			□Change
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			□Change

	
(If an e Note:	tive date, if other than the date of filing: OS 10 202 (optional) ffective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
	1 August 10 2022
Dated	Thin Am Sheld
Dated	Signature of a member or authorized representative of a member