LZ1000301493

(Requestor's Name)
(requester a realine)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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24/31/303/

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COVER LETTER

TO: Registration Se Division of Co				
GREENEL	LITE LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	THOMAS FELIZ			
	**	Name of Person		
	GREENELITE LLC			
		Firm/Company		
	1190 S NOVA RĐ			
		Address		
	ORMOND BEACH, FL 3	2174		
		City/State and Zip Code		
	INFO@GREENELITE.US	to be used for future annual report not	(Fartian)	
For further information of	concerning this matter, please c	·	incation)	
	oncoming this matter, produce o			
THOMAS FELIZ		at (
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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		Street Address: Registration Se	ection	
Division of C		-	Registration Section Division of Corporations	
P.O. Box 632			The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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GREENELITE LLC

(Name of the Limited Liability Company as it now appears on our records, FIARY OF STATE (A Florida Limited Liability Company)

		• • • •
The Articles of Organization for this Limited Liability Company	were filed on JUNE 30 2021	and assigned
Florida document number L21000301493		
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 Liabi	lity 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:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the na</u>	me of the new registered
N. D. Sand Office Allers		
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I ar provided for in Chapter 605, F.S. C	n familiar with and or, if this document is

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 over some contraction of removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AP	TOVARIS PETTY	1190 S NOVA RD	□Add
		ORMOND BEACH, FL 32174	■Remove
			[] Change
			□Remove
		□Change	
		□Add	
			□Remove
			□Change
		□Add	
		□Remove	
		□Add	
		□Remove	
			□Change
			□Add
			□Remove
			□Change

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If an ef Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	AUGUST 17 2021
Dated	Signature of a number or authorized to resentative of a member