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## **COVER LETTER**

Tallahassee, FL 32314

	Registration Se Division of Cor					
embire		PLOT ARMOR PRODUCTIONS LLC  Name of Limited Liability Company				
SUBJEC	.1:					
The enck	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		THERESA KNIGHT				
Name of Person  Firm/Company						
				<u> </u>		
	2065 CHAMPIONS WAY					
Address  NORTH LAUDERDALE, FL 33068						
	City/State and Zip Code					
			ESAKNIGHT85@GMAIL.CON to be used for future annual report no			
For furth	er information co	oncerning this matter, please c	·			
THERESA KNIGHT		954 548 - 4759	)			
	Name o	f Person	at () Area Code Dayt	ime Telephone Number		
Enclosed	l is a check for th	ne following amount:				
<b>■</b> \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres Registration S		Street Address: Registration S	Section		
	Division of C	orporations	Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 09-21-2021 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number <u>L21000416245</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GREEN LITE MANAGEMENT LLC 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) . .7 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: New Registered Office Address: Enter Florida street address

## 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.

. Florida \_\_\_

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>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□ Add
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	/		
			□Remove
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			□Add
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			Change
			□Add
			□Remove
			☐ Change

/	<u> </u>
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/	
ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be p	rior to date of filing or more than 90 days after filing.) Pursuant to 605.020 olicable statutory filing requirements, this date will not be listed a
rument's effective date on the Department of State's recon	rds.
and maifing a dalayed affective data but not an affective	to time at 12.01 a.m. on the appliance (b). The 90th day often th
s filed.	re time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
. 06-3 2024	
red,	·
JV.	uthorized representative of a member

Typed or printed name of signee