## K21000452717.

(Re	questor's Name)	·
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Green	Gnome Landsca	pina LLC	
SUBJECT: CITCETT	Name of Limi	ted Liability Company	
	mendment and fee(s) are subt		
Please return all correspon	dence concerning this matter t	to the following:	
	Jonat	han D. Rodrige Name of Person	₽ <u><b>€</b></u> <del>7</del>
	<del></del>	Firm/Company	<del></del>
	3303 Ro	yal Oak Dr. J. Address	
	Mulberry, F	-L 33860 City/State and Zip Code	
		Teen Gnomeland obe used for future annual report notice	
For further information co	neerning this matter, please ca	ıll:	
Name of	Rodrigue 2	at ( <u>&amp;13</u> ) <u>696 -</u> Area Code Daytim	5345 e Telephone Number
Enclosed is a check for the	e following amount:		
S \$25.00 Filing Fee	S30.00 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 S		Street Address: Registration Sec	ction
Division of Co		Division of Cor	porations
P.O. Boy 6327	7	The Centre of T	Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green Gnome (Name of the Limited	Liability Company as It now appears on our records.) Florida Limited Liability Company)
	oility Company were filed on
Florida document number L 21000452712	<del></del>
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or reg agent and/or the new registered office address I Name of New Registered Agent: New Registered Office Address:	3303 Rayal Oak Dr. 5.  Enter Florida street address
	Mulberry Florida 33860 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Ì

MGR =	Manager	
AMRR =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			Remove
			☐ Change
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an effe <u>Vote:</u>	ve date, if other than the date of filing: (optional) etive 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 ent's effective date on the Department of State's records.
record l is fil	I 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 ed.
ated .	22 September 2022
ated .	
ated .	Signature of a member or authorized representative of a member

Filing Fee: \$25.00