## L23000076473

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## COVER LETTER

TO: Registration Section Division of Corpor	
SUBJECT:	Greene Enterprises LC Name of Limited Liability Company
	endment and fee(s) are submitted for filing.
Please return ail corresponde	nce concerning this matter to the following:
	Michelle Greene Name of Person
	Firm/Company
	2896 Plum Orchard Drive
	Orange Park Fl 32073
	City/State and Lip Code  City/State and Lip Code  City/State and Lip Code  Company defined to the company of th
For further information con-	cerning this matter, please call:
Michelle	Green at (904) 554-5374  Area Code Daytime Telephone Number
Enclosed is a check for the	following amount:  \$30.00 Filing Fee & Certificate of Status  \$55.00 Filing Fee & Certificate Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Regression Section
Division of Corporations
P.O. Box 6327 Tallobarsee, 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

(Name of the Limited Liability Compan	y as it now appears on our recability Company)	Surds.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 23000714173</u>	To bot	D 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile  The new name and the distinguishable and contain the words "Limited Liability".	roone t	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal of a waldress MUST BE A STREET ADDRESS)		<u>्र</u> र हो
		1 00
Enter new mailing address, if applicable:		
(Mailing add MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:		
New Amistered Office Address:		
	Enter Florida street ad	ldress
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	Cny	hp conc
I hereby are the appointment as registered agent and agree provisions of statutes relative to the proper and complete accept the composition as registered agent as placing filed to rely reflect a change in the registered office company have a motified in writing of this change.	performance of my dutie provided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed to a our records:

MGR =	Manager	
AMBR =	Amborized	Member

Title	Name	<u>Address</u>	Type of Action
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		<u> </u>	Remove
			☐ Change
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fective date, if	other than the date	of filing:				(optional)		
n effective date is	listed, the date must be spe inserted in this block do	ecific and cannot	be prier to dat e applicable s	e of filing or me statutory filing	ire than 90 da	vs after filing.	.)Pursuant to 60	)5.020 sted a
cument's effecti	ive date on the Departm	ent of State's	records.					
ecord specifies a	a delayed effective date,	, but not an eff	ective time, a	t 12:01 a.m. o	n the earlier	of: (b) Th	ne 90th day aft	ter the
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