# 3000440067

(Requestor's Name)	
(Address)	
. (Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer	
<del>.</del>	
Office Use Only	



100438082851

FILED 2024 OCT 30 84 9: 30

2024 OCT 30 PM 3: 11

RECEIVED

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

171 Pander's Printing - Thom stone GA &CC

<del></del>	
Greensea Realty 1 LLC	
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
1-4-1	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Singular Singular	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

#### **COVER LETTER**

Tallahassee, FL 32314

	Registration Se Division of Cor			
cup icc		Realty 1 LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Emilio Gutierrez		
		*	Name of Person	
		FA CORPORATE MANA	AGEMENT LLC	
	Firm/Company 1701 Ponce De Leon Blvd Ste 306			
			Address	
		Coral Gables, FL 33134		
			City/State and Zip Code	
		legal2@facorporatemg.com	1	
		E-mail address: (	to be used for future annual repor	rt notification)
For furthe	er information c	concerning this matter, please c	all:	
Emilio G	utierrez		786 258-54	33
Name of Person		at ()	aytime Telephone Number	
Enclosed	is a check for the	he following amount:		
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Addre	
	Registration ! Division of C		Registration of Division of	n Section Corporations
	P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Greensea Realty 1 LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number 1.23000440067	y were filed on $\frac{09/21/23}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Greensen Holding LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records,	SECRETATION AND SECRETATION AN
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
		. Florida
	City	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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
		□Remove	
		[]Change	
			□Add
	·	□Remove	
			□Change
			□Add
			□Remove
			□ Change

			<u> </u>	
		<del></del>		<del></del>
			<b>.</b>	
	·			
				<del></del>
			<u> </u>	
		•	-	
fective date, if other than the date must be offective date is listed, the date must be offective date inserted in this block cument's effective date on the Department.	e specific and cannot be pook does not meet the app	licable statutory filir		g.) Pursuant to 605,0207
ecord specifies a delayed effective of is filed.	late, but not an effectiv	e time, at 12:01 a.m.	on the earlier of: (b) 1	he 90th day after the
	2024			
October 29th	2024	· '		
ited	01 -	5 Moros	e of a member	·

Filing Fee: \$25.00