

L24000030426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

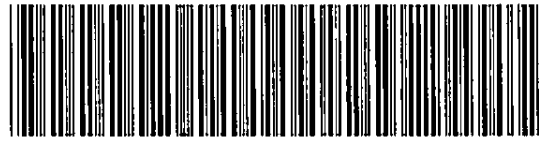
Certified Copies _____

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Special Instructions to Filing Officer:

J. HORNE
AUG 14 2024

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2024 AUG 13 AM 11:17
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PENDING
2024 AUG 13 PM 3:05
STATE

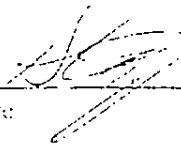
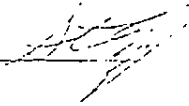
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • (800) 342-8002 • Fax (850) 222-1222

GREENLAND VENTURES, LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



Signature:

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

1111 ...

- ___ Art of Inc. File _____
- ___ LLC Partnership File _____
- ___ Foreign Corp. File _____
- ___ U.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Registration _____
- ___ 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 _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GREENLAND VENTURES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 AUG 13 AM 11:18

OFFICE OF STATE
CORPORATION

The Articles of Organization for this Limited Liability Company were filed on January 19, 2024 and assigned Florida document number L24000036426

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

14941 SW 164 Terrace

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33187

Enter new mailing address, if applicable:

14941 SW 164 Terrace

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33187

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GUARDAZZI, SERGIO	5900 SW 73 Street	<input type="checkbox"/> Add
		Suite 301	<input checked="" type="checkbox"/> Remove
		S. Miami, FL 33143	<input type="checkbox"/> Change
MGR	Guardazzi, Remir Fernando	5900 SW 73 Street	<input type="checkbox"/> Add
		Suite 301	<input checked="" type="checkbox"/> Remove
		S. Miami, FL 33143	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August 13 _____, 2024

/s/ Robert R. Adams

Signature of a member or authorized representative of a member

Robert R. Adams, Authorized Representative
Typed or printed name of signee