124000084199

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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3/18/24



COVER LETTER

TO: Registration Section Division of Corp			
SUBJECT: Green	· Lake House Li	lC	
30656C1	Name of Limite	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
	dence concerning this matter to		
·		Sciardi Name of Person	
	 	Firm/Company	
	278 Bus	Sh Court	
	Green Co	ve Smings FL	32043
	aussielandscapen E-mail address: (10	City/State and Rip Code Nanagemente gmail to be used for future annual hybort notifi	(UM)
For further information co	oncerning this matter, please ca		
Michael Sc.	I Ard I	at (<u>904</u>) <u>318</u> Area Code Daytime	9267 1 Telephone Number
		,	
Enclosed is a check for th	e following amount:		ب ت
□ \$25.00 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	ction
Division of C	orporations	Division of Corp The Centre of T	porations
P.O. Box 632	1	ine Centre of t	ananassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green Late Ho	use LLC	
(<u>Name of the Limited Liability</u> (A Florida L		n our records.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L24000094199</u>	npany were filed on <u>02</u>	1 1
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here	
The new name must be distinguishable and contain the words "Limite	d Liability Company, the design	mation "LLC" or the abbreviation "LL.C."
Principal office address MUST BE A STREET ADDRE	<u></u>	
· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our reco	ords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	P 22	
	Enter Florida	street address
·	Chy	, Florida 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
MGR	Michael Sciandi	278 Bush Court	2 3Add
		Green (we Springs, FL 37043	🗆 Remove
			□Change
AMBR	Caley Sciandi	278 Bush Cowt	G Add
		Green (we Springs, FL 32043	□Remove
			□Change
			□Add
		- - -	□Remove
			□ Add
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ote: If the	te, if other than the date of filing: late is listed, the date must be specific and cannot be date inserted in this block does not meet the aperfective date on the Department of State's recommendate.	(optional) c prior to date of filing or more than 90 days after filing.) Pursuant to 603 applicable statutory filing requirements, this date will not be list cords.	5.02 ted
ecord spec is filed.	ifies a delayed effective date, but not an effecti	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day afte	er th
ted <u>27</u>	im February 202	24	
_	Signature of a member or	r authorized representative of a member	

Filing Fee: \$25.00