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(Requ	uestor's Name)	
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2024 APR-5 PH 3: 25

4 APR -5 PH 3



COVER LETTER

Division of Con			
Green Win	g Properties LLC		
30 3 0201	Name of Lin	nited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are su	omitted for filing	
	ondence concerning this matter	_	
	Jay B. Herrington		
		Name of Person	
	Greenwing Properties LL	С	
		Firm/Company	
	6209 Windward Ct.		
		Address	
	Fleming Island, Fl 32003		
		City/State and Zip Code	
	jay.herrington@comeast.ne E-mail address:	to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	·	,
Jay B. Herrington	- ,	904 716-2765	
Name of	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	■ \$30.00 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	<u>::</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassec, FL 32314

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**

F11 ---

	r	·451
Green Wing Properties LLC	202: 45	
(Name of the Limited Liability Co (A Florida Limi	npany as it now appears on our recorded Liability Company)	<u>as</u> r5 PH 3:53
The Articles of Organization for this Limited Liability Comp.	unv were filed on	and assigned
Florida document number L24000084691		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	ability company here:	
Greenwing Properties LLC		
The new name must be distinguishable and contain the words "Limited L	ability Company," the designation "LLC	"Or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS		
THE PROPERTY OF THE PROPERTY O		- 1
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
If amending the registered agent and/or registered office	o adduses on our records and a	Aba a Cal
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, enter	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
Now Registered Office Address.	Enter Florida street address	5
	921.	
 	, F10	Orida Ziv Code
iew Registered Agent's Signature, if changing Registered Ager	•	

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:

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			Change
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			Change

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Filing Fee: \$25.00