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COVER LETTER

TO: Registration Section Division of Corporations

GREENLEAF LUMPIA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

 Name of Person

 GREENLEAF LUMPIA LLC

 Firm/Company

 69 CARLSON CT.

 Address

 PONTE VEDRA, FL. 32081

 City/State and Zip Code

 GREENLEAFLUMPIA@GMAIL.COM

 E-mail address: (to be used for future annual report notification)

 For further information concerning this matter, please call:

or further mormation concerning inis matter, please can:

ADAM JOHNSTON 904 742-3191 __________at (_____) ________Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

🖀 \$25.00 Filing Fee

S30.00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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

GREENLEAF LUMPIA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 3/15/2024	and assigned
Florida document number 1.24000130713	

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	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	······
(Mailing address MAY BE A POST OFFICE BOX)	20

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flo	rida 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	Name	Address	Type of Action
MGR	ADAM JOHNSTON	69 CARLSON CT.	🗏 Add
		PONTE VEDRA, FL. 32081	□Remove
			□Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

,

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 April 15+ 2024 Signature of a member or authorized representative of a member ADAM JOHNSTON

Typed or printed name of signee