

L24000130713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

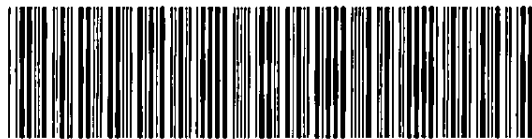
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/11/24--01012--025 **25.00

FILED
2024 APR 11 AM 11:20
SECURITY OF CO. & STATE
TAXI & TAXI SERVICE, INC.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 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:

ADAM JOHNSTON

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)

2024 APR 11 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

ADAM JOHNSTON

904

742-3191

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

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	ADAM JOHNSTON	69 CARLSON CT.	<input checked="" type="checkbox"/> Add
		PONTE VEDRA, FL. 32081	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF THE
TALLAHASSEE
2024 APR 11 PM 11:30

2024 APR 11 AM 11:20
SECRETARY OF DEFENSE
PALLADIUM SYSTEMS

2022 APR 11 AM 11:20
SECRET
JAN 11 1961

(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)

Dated April 1st, 2024

Adam Johnston
Signature of a member or authorized rep

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00