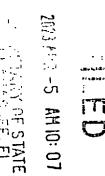
M12000000470

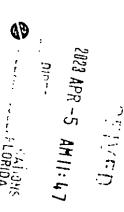
(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Declarate Flath, Marray)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOU	NT NO.	:	120000000	195	
		REF	ERENCE	:	640161	4709638	
		AUTHORI	ZATION	:			
	-	COST	LIMIT	:	\$ 25.00	ena	
ORDER DA	ATE :	April 5,	2023				
ORDER TI	IME :	9:21 AM					
ORDER NO	o. :	640161-00	5				
CUSTOMER	R NO:	470963	8				
							
		<u>FC</u>	REIGN FI	LLI	<u>NGS</u>		
1	NAME:	NORTHL	AND GREE	ENT	REE LLC		
L1		E PARTNERSH LIABILITY		<u> </u>			
XXXX AME	ENDMENT						
PLEASE F	RETURN	THE FOLLO	WING AS	PRO	OOF OF FIL	ING:	
	PLAIN	IED COPY STAMPED C ICATE OF		AND:	ING		

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

TO:	Registratio Division of				
SUBJE		land G	reentree LLC		
	-)	Name of Limited Liab	oility Company
Dear Si	r or Madam:	:			
The end	closed Staten	nent of	Correction and fee(s) a	are submitted for filin	g.
Please r	return all cor	respond	ence concerning this r	natter to the following	g:
Amy C	archedi				
	 + -	i	Name of Person		-
Northia	and Investn	nent Co	prporation		
		1	irm/Company	,	••
2150 V	Vashington	Street			
			Address		-
Newto	n, MA 0246	62			
		City/	State and Zip Code		-
acarch	edi@northi	land.co	m		
E-	mail addres:	s: (to be	used for future annua	l report notification)	-
For furt	her informat	ion con	cerning this matter, pl	ease call:	
Amy C	archedi			617	630-7227
	N	ame of P	erson	Area Code	Daytime Telephone Number
	Mailing Ad Registrat Division P.O. Box Tallahass	ion Se of Cor 6327	porations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	ed is a check	(for th	following amount:		
[] \$ 25 F	Filing Fee		\$30 Filing Fee & Certificate of Status	☐\$55 Fiting Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION

LED

FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 2023 APR -5 AM 10: 08

FIRST : T	ne name of the limited liability company is: Northland	Greentree LLC HALL MASSEE, F							
SECOND		The Florida Document number of the limited liability company is: M12000000470 Document to be corrected is:							
	(CHECK THE APPROPRIATE BOX AND CO	MPLETE THE APPLICABLE STATEMENT							
	ontains an incorrect statement. The incorrect statemen atement are as follows:	t, the reason the statement is incorrect, and the corrected							
-									
Ω	R								
	as defectively signed. The manner in which the docur follows:	ment was defectively signed and the appropriate correction are							
- -	he document was incorrectly signed by Amy Carche	idi. Please correct this to Beth Kinsley.							
_ <u>0</u>	<u>R</u>	<u> </u>							
п т	ne electronic transmission of the record was defective.								
	Betherialcy	4/3/2023							
_	Signature of Authorized Representative	Date							
	of new registered agent, if applicable :(NOTE: if corrected the designation).	ecting the registered agent, the new registered agent must sign							
I hereby a provisions obligation	of all statules relative to the proper and complete pery s of my position as registered agent as provided for in nange in the registered office address, I hereby confirm	t: o act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept the Chapter 605, F.S. Or, if this document is being filed to merely n that the limited liability company has been notified in writing							
	Registered Ag	gent's Signature							
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)							