

U5000036705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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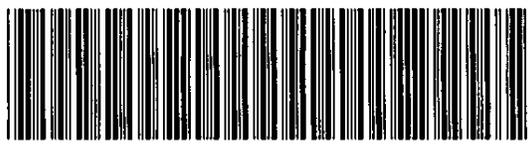
(Business Entity Name)

(Document Number)

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15 JUL 21 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

JUL 22 2015  
S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GREEN TRADERS 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:

JOYCEANN GREEN  
Name of Person  
GREEN TRADERS LLC  
Firm/Company  
8269 W. BROWARD BLVD #453  
Address  
PLANTATION FL 33324  
City/State and Zip Code  
jlsgreen@yahoo.com  
E-mail address: (to be used for future annual report notification)

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15 JUL 21 PM 2:07  
REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOYCEANN GREEN at ( 954 ) 200-1768  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GREEN TRADERS 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 2/27/2015 and assigned Florida document number L15000036705

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 designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

8269 W. BROWARD BLVD #453

**(Principal office address MUST BE A STREET ADDRESS)**

PLANTATION FL 33324

Enter new mailing address, if applicable:

8269 W. BROWARD BLVD #453

**(Mailing address MAY BE A POST OFFICE BOX)**

PLANTATION FL 33324

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

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

8269 W. BROWARD BLVD #453

*Enter Florida street address*

PLANTATION

*City*

Florida 33324

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change

FILED  
JUN 21 2007  
FEDERAL RESERVE BANK  
OF SEATTLE  
COMMERCIAL & BUSINESS DEVELOPMENT BANK

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

I did this form to change the location  
of address, mailing and agent.

From 8908 NW 9 Place, Plantation FL 33324

TO 8269 W. Broward Blvd # 453 Plantation FL 33324

Thank you so much.

If further information is needed please feel  
free to contact me on my cell 954-200-1768

or j1sgreene@yahoo.com.

Registered Agent name & address

Joyceann L. Green

8269 W. Broward # 453

Plantation FL 33324

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 7/15/2015



Signature of a member or authorized representative of a member

JOYCEANN GREEN

Typed or printed name of signee

FILED  
15 JUL 21 PM 2 07  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE