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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : FELDMAN & ASSOCIATES  
Account Number : I20130000018  
Phone : (786)288-5699  
Fax Number : (866)856-1462

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: [paul@feldmanclosings.com](mailto:paul@feldmanclosings.com)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 SEP 20 AM 10:23

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GREENHOUSE REAL ESTATE INVESTMENTS, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

SEP 21 2016

S. YOUNG

2816 SEP 20 PM 12:09

TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

GREENHOUSE REAL ESTATE INVESTMENTS, 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 06/17/2016 and assigned Florida document number L16000117437.

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 "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)

\_\_\_\_\_  
\_\_\_\_\_

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HEREIN IS UNCLASSIFIED  
DATE 09/20/16 BY 60322 UCBAW

**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:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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>                   |
|--------------|---------------------------|---------------------------------------|---|
| <u>MGR</u>   | <u>Paul Feldman, P.A.</u> | <u>2750 NE 185th Street Suite 203</u> | <input checked="" type="checkbox"/> Add |
|              |                           | <u>Aventura, FL 33180</u>             | <input type="checkbox"/> Remove         |
|              |                           |                                       | <input type="checkbox"/> Change         |
|              |                           |                                       | <input type="checkbox"/> Add            |
|              |                           |                                       | <input type="checkbox"/> Remove         |
|              |                           |                                       | <input type="checkbox"/> Change         |
|              |                           |                                       | <input type="checkbox"/> Add            |
|              |                           |                                       | <input type="checkbox"/> Remove         |
|              |                           |                                       | <input type="checkbox"/> Change         |
|              |                           |                                       | <input type="checkbox"/> Add            |
|              |                           |                                       | <input type="checkbox"/> Remove         |
|              |                           |                                       | <input type="checkbox"/> Change         |
|              |                           |                                       | <input type="checkbox"/> Add            |
|              |                           |                                       | <input type="checkbox"/> Remove         |
|              |                           |                                       | <input type="checkbox"/> Change         |

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TALLAHASSEE, FLORIDA

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

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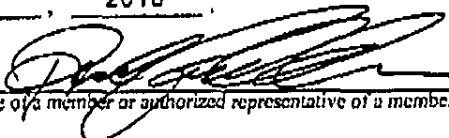
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** 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 September, 20th, 2016

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

~~\_\_\_\_\_~~ Paul FELDMAN, ESQ.  
 \_\_\_\_\_  
 Typed or printed name of Signee