7/6025

(Re	questor's Name)	
(Ad	dress)	·
(Ad	idress)	•
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
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MAR 2 2 2016

C. CARROTHERS

COVER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION: ROLLING GREEN CONPOSINIU	mf/wc			
DOCUMENT NUMBER: 716025				
The enclosed Articles of Amendment and fee are submitted for filling.				
Please return all correspondence concerning this matter to the following:				
FRAN BROWN Name of Contact Person ROLING GREEN CONDOMINION F Firm/Company 1301 NE 191 ST - OFFICE Address MIAMI FL 33179 City/State and Zip Code	hx			
E-mail address: (to be used for future annual report notification)	<u> </u>			
For further information concerning this matter, please call:				
Fran Brown at (305) 944-1 Name of Contact Person at (305) Area Code & Daytime Tel				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee	Status y			
Mailing Address Street Address				

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to Articles of Inco

(Name of Corporation as currently filed with the Flor	rida Dept, of State)
(Document Number of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation:	•
A. If amending name, enter the new name of the corporation:	·
name must be distinguishable and contain the word "corporation," "company," or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professiona word "chartered," "professional association," or the abbreviation "P.A."	The new "incorporated" or the abbreviation all corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2016 7
C. Enter new mailing address, if applicable:	MAR 17 PM
(Mailing address MAY BE A POST OFFICE BOX)	TO REST
D. If amending the registered agent and/or registered office address in Florida, enter new registered agent and/or the new registered office address;	r the name of the
Name of New Registered Agent FRAN BROWN	-
30 NE 191 ST - (Florida street address)	OFFICE
New Registered Office Address: (City)	, Florida 33179 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the ob-	plications of the position

Page 1 of 4

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. I'resident, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	n Doe	
X Remove	<u>v Mik</u>	e Jones	
X Add	SV Sail	y <u>Smith</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	PAUL KATZ	
Add	•		
X Remove			
2) Change	_0_	GONZALO GUERRERO	1301 NE 1915T
√∧dd			<u>"113</u>
Remove	•		MIAMI, FL 33179
3)Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding add (Attach additional sheets, if	litional Articles, necessary) (Be	cnter change expecific)	c(s) here:			
Vitalen additivital intom, y	necessary). (me	specyu.,	1/12			
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				•		
If an amendment provides	for an exchange.	reclassifica	tion, or cancel	lation of issue	l shares.	
provisions for implementi (if not applicable, indic	ng the amendme	nt if not con	tained in the s	mendment itse	AC:	
(y noi applicable, man	uie mn)	11/0	-			
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FROM: J		FAX NO. :	Mar. 08 2016 11:45AM P6
	each amendment(s) ad nument was signed.	option:	, if other than t
Effective da	te <u>if applicable</u> :	(no more than 90 days after a	mendment file date)
	e dute inserted in this b		filing requirements, this date will not be listed us t
Adoption of	Amendment(s)	(CHECK ONE)	
	ndment(s) was/were ado archolders was/were su	pted by the shareholders. The number of vo	ites cast for the amendment(s)
		roved by the shareholders through voting greech voting group entitled to vote separately	
"Th		for the amendment(x) was/were sufficient for	
ъу		(voting group)	17
		pted by the board of directors without sharel	
	ndment(s) was/were ado is not required.	pted by the incorporators without shareholds	or action and shareholder
	Dated	3/01/16	
	Signature		
	selected	rector, president or other officer – if directo	
		FRAN BROW	

PREJIDENT
(Title of person signing)