A9500001012

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COVER LETTER

TO: Registration Section

Division of Co	orporations			
	Green Dive		td.	
Nan	ne of Florida Limited Pari	mership or Limited Liability	Limited Partnership	
The enclosed Certific	ate of Amendment ar	nd fee(s) are submitted f	for filing.	
Please return all corre	espondence concernin	g this matter to:		
Elizal	oeth A G	nreen		
The G	Contact Person 11 CCN (SMP)	nies Inc.		
9155 S	Firm/Company Dad Cland	nies Inc. Blvd Suit	1812	
Mic	Address	3156		
areer	nco12the	AVECTOM PU	inuls. Net	
E-mail address: (to	be used for future annual	terort notification)		
For further information	on concerning this ma	itter, please call:		
Clizabeth	A Green	_at (<u>305</u>)_(0	70-1000	
Name of Contac	t Person	Area Code and Dayt	ime Telephone Number	
Enclosed is a check f	or the following amo	unt:		
\$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	□\$105,00 Filing Fee and Certified Copy	☐\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
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		

CERTIFICATE OF AMENDMENT \mathbf{TO} CERTIFICATE OF LIMITED PARTNERSHIP

	Or	
Green Diversif	reduta.	
	le with Florida Department of State	
Pursuant to the provisions of section 620.1202, Florinited liability, limited partnership, whose certifical of the following certificate of amendment to in	cate was filed with the Florida Department of Sta rida document number <u>A 95000010</u> 1	ite on
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line	imited partnership or limited liability limited parti	<u>nership</u>
New name must be distinguisha	nable and contain an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L		
B. If amending mailing address and/or princip principal office address here:	pal office address. enter new mailing address a	and/or
principal office addition lies.	202	
New Principal Office Address:		
(Must be STREET address)		-14
	<u> </u>	
New Mailing Address:		
(May be post office box)	- <u> </u>	(
C. If amending the registered agent and/or registere	ed office address on our records, enter the name of (the new
registered agent and/or the new registered office add	dress 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.

<u>itle</u>	<u>Name</u>	Address	Type of Action
P_	Nancy Green Tru Nancy Green	Stel 9155 S Dadelo Blvd Suite 1917 Miami, El 3319	Add Add Remove
P	Nancy Green	Same as abov	C □ Add □ Remove
			
			☐ Add ☐ Remove
			□ Add □ Remove

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

F. If amending any other info	rmation, ent	er change(s)	here: (Attac	rh additional	sheets, if necessary.)
Effective date, if other than the dat (Effective date cannot be prior to nor mos State.)	te of filing: re than 90 day	vs after the da	te this docume	nt is filed by t	he Florida Department of
Note: If the date inserted in this block do be listed as the document's effective date	es not meet the on the Depar	ie applicable s tment of State	tatutory filing 's records.	requirements,	this date will not
Signature(s) of a general partner	r or all gen	eral partne	ers*:		
(*NOTE: Only one current general partremoving a "limited liability limited parti when adding or removing a "limited liabi	nership" electi	ion statement.	Chapter 620,	F.S., requires	artnership is adding or all general partners to sig
history. Their					
7 / ~					
	_				
	<u> </u>		-		
C'		wal waytman	o(s) if any		
Signature(s) of all new or dissoci	iating gene	rai parinei	(8), 11 any.		
				-	
Filing Fee:	\$52.50				
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75				