

L04000025421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

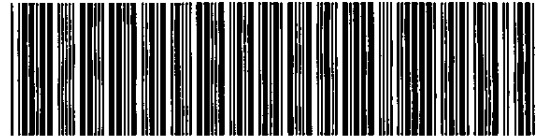
(Document Number)

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DIVISION OF CORPORATION  
28 SEP 26 AM 11:30

SEP 28 2016  
J. HARRIS

FILED  
TAXPAYER'S STATE  
DIVISION OF CORPORATION  
16 SEP 26 AM 11:30

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Green Little Beans LLC

**SUBJECT:** \_\_\_\_\_  
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:

Micheline Orona Claussen

\_\_\_\_\_  
Name of Person

Green Little Beans LLC

\_\_\_\_\_  
Firm/Company

4953 Ranger Drive, Apt 3208

\_\_\_\_\_  
Address

Davie, FL 33328

\_\_\_\_\_  
City/State and Zip Code

micheline@greenlittlebeans.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Micheline Orona Claussen

786

2828321

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

**TO  
ARTICLES OF ORGANIZATION  
OF**

Green Little Beans 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 April 5, 2004 and assigned  
Florida document number L04000025421

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:

4953 Ranger Drive, Apt 3208

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

Davie, FL 33328

Enter new mailing address, if applicable:

4953 Ranger Drive, Apt 3208

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

Davie, FL 33328

**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

or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael S.Rivera		<input type="checkbox"/> Add
		2041 NW 180th Way, Pembroke Pi	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael S. Rivera		<input type="checkbox"/> Add
		2041 NW 180th Way, Pembroke Pi	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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CLERK OF STATE  
DIVISION OF CORPORATIONS

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September 19, 2016

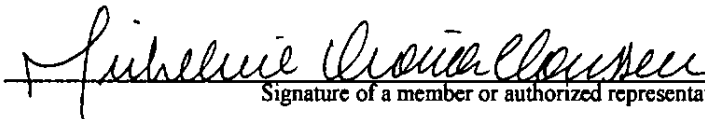
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 19, 2016



Signature of a member or authorized representative of a member

Micheline Orona Claussen

Typed or printed name of signee

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