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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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. (Docu	ment Number)
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Green Village 1142, 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:

Aldo H. Mariotti

Name of Person

Puerto Sereno Investment, LLC

Firm/Company

6000 Island Blvd-Suite 1108

Address

Aventura-Florida 33160

City/State and Zip Code

ahm@inproconsultinggroup.com

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

For further information concerning this matter, please call:

Aldo H. Mariotti

_{at (}786₎419-1992

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

FILED
2013 NOV 18 PM 3: 06
SECRETARY OF STATE

SECHETARY OF STATE TALLAHASSEE, FLORIDA

appears on our records.) nany)	
n 02/06/07 and assigned	
ıy here:	
Company," the designation "LLC" or the abbreviation	
6000 Island Boulevard	
Suite 1108	
ra-Florida 33160	
land Boulevard	
Suite 1108	
ra-Florida 33160	
LUS - Suite 1108 - Enter Florida street address	
בַ	

New Registered Agent's Signature, if changing Registered Agent:

Green Village 1142, LLC

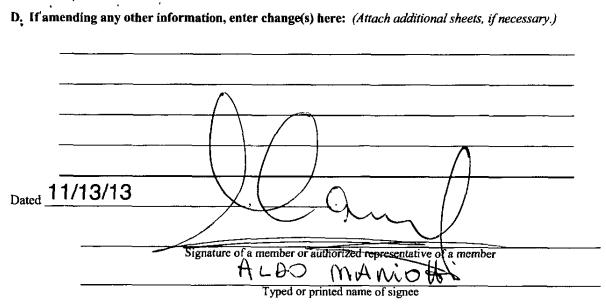
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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.

_, Florida _ 🕶

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Aldo H. Mariotti	6000 Island Blvd	Add
		Suite 1406	Remove
		Aventura-Florida 33160)
MGRM	Aldo H. Mariotti	6000 Island Blvd	Add
		Suite 1108	Remove
		Aventura-Florida 33160)
MGRM	Eduardo Garcia Calleja	6000 Island Blvd	Add
		Suite 1108	_ Remove
		Aventura-Florida 33160	_
MGRM	Francesco Bove	6000 Island Blvd	_ ✓ Add
		Suite 1108	Remove
		Aventura-Florida 33160	
			Add
			Remove
-			Add
			Remove



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Filing Fee: \$25.00