`				
. (Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
(Oity/State/2/p/Pnone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

MAY 2 3 2008

EXAMINER



600129915886

05/22/08--01033--011 **25.00

COVER LETTER

SUBJECT:GREEN JAGE LLC						
(Name of Limited Liability Company)						
	4 754					
•	. ·					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	il a	OHN VIIIEIIA (Name of Person)				
ing to a	GREEN.	(Name of Person) Sage, LLC (Firm/Company)				
	2	• • • • • • • • • • • • • • • • • • • •				
	1.0.	Box 349				
		(Address)				
	CASSA	TDA9A, FL 3270 (City/State and Zip Code)	4			
		(City/State and Zip Code)				
For further information of	oncerning this matter, please ca	all:				
Colon 1	VILLELLA of Person)	at (<u>386) 774 - 053</u> (Area Code & Daytime T	58			
(Name (or rerson)	(Area Code & Daytime 1	elepnone Number)			
Enclosed is a check for the	ne 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

TO:

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



Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

(City)

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 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.

(If Changing Registered Agent, Signature of New Registered Agent)

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

MGR = M MGRM =	lanager Managing Member		
Title	<u>Name</u>	Address	Type of Action
			Add Remove
	·		Add
			Add
			Remove
			Remove
			Add Remove
			Add Remove
		ge(s) here: (Attach additional sheets, if necessa ANFERRING GREEN IR VILLELLA TRUIT.	
	PLEASE PROVIDE I	L RITTEN PROOF THAT	This
Dated	HAY 20 ,20	er or authorized representative of a member	
	Charles Joi	er or authorized representative of a member #### ### ### #######################	·····

Page 2 of 2

Filing Fee: \$25.00