L07000127674

| (Re | equestor's Name) | | | |
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| (Ac | ldress) | | | |
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| PICK-UP | ☐ WAIT | MAIL. | | |
| (Bı | ısiness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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J. SAULSBERRY EXAMINER

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COVER LETTER

| | tration Section ion of Corporations | |
|------------------------|---|--|
| | Natural Home Discount LLC | • |
| SUBJECT: _ | Name of Limited Liability Company | |
| | | |
| | | |
| The enclosed A | Articles of Amendment and fee(s) are submitted for filing. | |
| Please return al | ll correspondence concerning this matter to the following: | |
| | Gary Wagner | |
| | Name of Person | |
| , | | |
| | Natural Home Discount LLC | |
| , | Firm/Company | IAL SI |
| | PO Box 853 | 2812 DEC 21 SEURETAR ALLAHASS |
| | Address | HASS - |
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| , | Boca Raton, FL 33429 | 묶음 🛊 📗 |
| | City/State and Zip Code | otification) |
| | F -1 11 / 1 | <u> </u> |
| | E-mail address: (to be used for future annual report n | otification) |
| For further info | ormation concerning this matter, please call: | |
| | CamalMagnan | 050 4700 |
| | Gary Wagner at (714) Name of Person Area Code & Day | 253-4733time Telephone Number |
| | Aca code & Day | time relephone Number |
| | | |
| Enclosed is a ch | heck for the following amount: | |
| ₹ \$25.00 Filin | ng Fee \$\ \bigs_\$30.00 Filing Fee & \bigs_\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclo | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | |
| | MAILING ADDRESS: STREET/COU | URIER ADDRESS: |
| | Registration Section Registration Sec | ction |
| | Division of Corporations P.O. Box 6327 Division of Cor Clifton Building | |
| • | Tallahassee, FL 32314 2661 Executive | |

Considered State

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Natural Home (Name of the Limited Liability Compa) (A Florida Limited L | Discount LLC ny as it now appears on our records.) iability Company) | |
|---|--|---|
| The Articles of Organization for this Limited Liability Company Florida document number L07000127674 | were filed on12/28/2007 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| Green Distrib | oution LLC | |
| The new name must be distinguishable and end with the words "Limi "L.L.C." | ted Liability Company," the designation | "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 380 S.E. Mizner Blvd. #1708 | |
| (Principal office address MUST BE A STREET ADDRESS) | Boca Raton, FL 33432 | 15 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Enter new mailing address, if applicable: | PO Box 853 | DEC 21 A |
| (Mailing address MAY BE A POST OFFICE BOX) | Boca Raton, FL 33429 | 11.00 60 1.1.00 |
| | | 2 C |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | the name of the new |
| Name of New Registered Agent: | _ | |
| New Registered Office Address: | Enter Florida street a | ddress |
| · | , 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 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:

| <u> Fitle</u> | Name | Address | Type of Action |
|---------------|--|---|----------------|
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| D. If amendi | ng any other information, enter change | (s) here: (Attach additional sheets, if necessary | .) |
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| Dated | 1 01 201 | 12 | 0 |
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| | Signature of a member of | or authorized representative of a member | |

Page 2 of 2

Filing Fee: \$25.00