020862

(Re	questor's Name)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	1
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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CAPITAL CONNECTION, INC.

Walk-In

Will Pick Up _

417 E. Virginia Street, Suite I • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GREENHILLS OF SOUTH FLORIDA INVESTMENTS L.L.C. Art of Inc. File_____ LTD Partnership File_____ Foreign Corp. File____ L.C. File____ Fictitious Name File_____ Trade/Service Mark_____ Merger File____ Art, of Amend, File_____ RA Resignation_____ Dissolution / Withdrawal____ Annual Report / Reinstatement_____ Cert. Copy_____ Photo Copy_____ Certificate of Good Standing____ Certificate of Status____ Certificate of Fictitious Name_____ Corp Record Search____ Officer Search____ Fictitious Search_____ Fictitious Owner Search_____ Signature Vehicle Search____ Driving Record_____ Requested by: Seth UCC 1 or 3 File_____ 06/17/19 UCC 11 Search____ Name Date Time UCC 11 Retrieval

Courier___

COVER LETTER

TO: Registration S Division of Co	Section prporations			
GREENH SUBJECT:	ILLS OF SOUTH FLORIDA	INVESTMENTS L.L.C.		
SUBJECT.	Name of Li	mited Liability Company		
	f Amendment and fec(s) are su condence concerning this matte			
	AMANDA CASTELLO	4		
	DOUGLAS REGISTERE	Name of Person ED AGENS, LLC		2019 JUN
	2600 S. DOUGLAS RD,	Firm/Company SUFTE 510		
	CORAL GABLES, FL 33	Address		A I
	ACASTELLON@CASTE	City/State and Zip Code		U
For further information of	E-mail address: concerning this matter, please o	(to be used for future annual report no	otilication)	
AMANDA		786 391-3721		
Name o	of Person		me Telephone Number	_
Enclosed is a check for t	he 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 F Certificate of Certified Copy (additional copy i	Status & y

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

REGF

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GREENHILLS OF SOUTH FLORIDA INVESTMENTS L.L.C.

(Name of the Limited Liah (A Flor	oility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L08000020862	Company were filed on 02/27/200	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
 		
		5
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our r idress here:	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered to being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my dut agent as provided for in Chapter red office address, I hereby confi	ies, and I am familiar with and 605, F.S. Or, if this document is
REG=.	If Changing Registered Agent, Sign	ature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Lype of Action
MGR	RAMIRO EMILIO GARCIA FERNANDEZ	20980 NE 30th Ave #200 AVENTURA, FL 33180	_ 🖨 👊
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document	's effective date on del	the Department of	State's records.	e statutory itting	(optiona e than 90 days after filir requirements, this da ne, at 12:01 a.m	te will not be list	ted as the
The 90	oth day after the	record is filed	•		,	on the cult	w. UI.
Dated JU	NE 14		2019	.•			
		J.					
- <u>-</u>							
		Signature of a	member or authori	zed representative of	f a member		

Page 3 of 3

Filing Fee: \$25.00