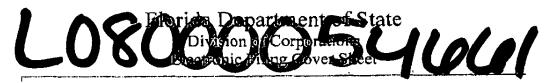
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RICHARDS & ASSOCIATES, PA.

Account Number : I20110000091

: (305)858-9900

Fax Number

: (305)285-0015

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GREEN HAMMOCK VENTURE, LLC

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Help

COVER LETTER

Division of Co	rparations	•	
SUBJECT:	GREEN HAMMO	OCK VENTURE, LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fce(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ELENA DIAZ		
		Name of Person	
	RICHARDS & SANCHEZ	Z, P.A.,	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	2665 SOUTH BAYSHOR	E DRIVE, SUITE 703	
		Address	
	MIAMI, FLORIDA, 33133	3	
		City/State and Zip Code	
	ediaz@richards-law.com		
		o be used for future annual report notifi	(cauon)
For further information	concerning this matter, please ca	dl:	
BLENA DIAZ		305 8589900	
Name	of Person		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 Filling 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

	Illy Company as it now apper	ers on our records.)		
(A Flor	Illiv Company as it now apper da Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	06/03/2008	and assign	ned
This amendment is submitted to amend the following:		•		
A. If amending name, enter the new name of the ll	mited liability company h	<u>nere</u> :		
The new name must be distinguishable and contain the words "L	imited Liebility Company," the	designation "LLC" or the a	bbreviation "L.L.C	2.0
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADI	ORESS)			
			ති	
		,	<u> </u>	. :
Enter new mailing address, if applicable:			1	<u>152</u> m
(Mailing address MAY BE A POST OFFICE BOX)				
				440
			<u></u>	7
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address o dress here;	on our records, <u>enter</u>	the name of	the new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Fli	orida 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

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

<u>Title</u>	Name	Address	Type of Action
MGR	Carlos Ullos	2 GROVE ISLE DRIVE,	
		APT. 1206, COCONUT GROVE	Remove
		FL, 33133	Change
MGR	Forman Rodriguez	2665 SOUTH BAYSHORE	■ Add
		DRIVE, SUITE 703, MIAMI	□ Remove
		FLORIDA, 33133	Change
			Remove
			Change
			🗆 Add
			□ Remove
			☐ Change
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	ata if other than the date of fi	iling: and cannot be prior to date of f	iling or more than 90 day ory filing requirement	(optional) s after filing.) Pursuant s, this date will not b	ധ 605.020 c listed as
i <u>e:</u> Ifth ument's record	ate, if other than the date of fit date is listed, the date must be specific date inserted in this block does neffective date on the Department specifies a delayed effective hiday after the record is filled.	of meet the applicable statut of State's records. /e date, but not an effe		:01 a.m. on the	earli er o
e: If th ument's record he 90t	e date inserted in this block does need the does need to be does not the Department specifies a delayed effective	of meet the applicable statut of State's records. /e date, but not an effe		:01 a.m. on the	earlier o
e: If th ument's record he 90t	edute inserted in this block does neffective date on the Department specifies a delayed effective hiday after the record is file	not meet the applicable statut of State's records. /e date, but not an effe ed.		01 a.m. on the	16
te: 11th ument's record he 90t	edute inserted in this block does neffective date on the Department specifies a delayed effective high day after the record is fill NOVEMBER 8.	of meet the applicable statut of State's records. Ve date, but not an effect.		01 a.m. on the	16
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