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| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only

G. MCLEOD

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EXAMINER



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SECRETARY OF STAIC DIVISION OF CORPORATIONS

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|---|
| SUBJECT: I Gire | en Products LLC (Name of Limited Liability Company) | |
| | | |
| The enclosed Articles of Amendment a | and fee(s) are submitted for filing. | |
| Please return all correspondence conce | erning this matter to the following: | |
| | Derek Lopez (Name of Person) | - |
| | I Green Products L | |
| ارم | | |
| <u> </u> | 5 Lakemont Ave # (Address) | |
| 0 | lando FL 32814 (City/State and Zip Code) | |
| ·, | (Chy/State and Zip Code) | |
| For further information concerning this | s matter, please call: | |
| Derek Lopez (Name of Person) | al (954) 534 (Area Code & Day) | 4663 Lime Telephone Number) |
| Enclosed is a check for the following a | | |
| \$25.00 Filing Fee \$30.00 F Certif | Filing Fee & S55.00 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

| I Green Pro | ducts LLC | |
|--|--|--|
| (Name of the Limited Liability (A Florida I | Company as it now appears on our Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Liability C Florida document numberLO8000079554 | ompany were filed on August | 19,2008 and assigned |
| This amendment is submitted to amend the following: | | · |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| The new name must be distinguishable and end with the wor "L.L.C." | rds "Limited Liability Company," the | designation "LLC" or the abbreviation |
| Enter your principal offices address if applicables | | · · · · · · · · · · · · · · · · · · · |
| Enter new principal offices address, if applicable: | | 88 ¥38 ¥38 |
| (Principal office address MUST BE A STREET ADDR | <u>(ESS)</u> | % §\$ |
| | | P → |
| | , | |
| Enter new mailing address, if applicable: | | 2 700 |
| (Mailing address MAY BE A POST OFFICE BOX) | | - 1.25.75 - 25.75 - 25.75 - 25.75 |
| | | 전 글을 |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | ords, enter the name of the new |
| Name of New Registered Agent: | , | |
| New Registered Office Address: | | |
| | (Enter Flor | rida 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 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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action Title** Name Address MGRM Derek A Lopez

MGRM Dwayne Johnson 2750 Patrician Circle Add Kissimmee, FL 34746 Remove _ Add Remove Add 🗖 Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Change Title of Scott M Wolf from MGR to MGRM Dated September 17, 2008 Signature of a member or authorized representative of a member Lopez
Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00