#108000107695

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K.SALY EXAMINER MAR 2 7 2013

COVER LETTER

TO:	Registration Section.
	Division of Corporation

GREEN8 LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ricardo Garcia

Name of Person

Green8 LLC

Firm/Company

2750 NE 183rd Street #409

Address

Aventura. FL 33160

City/State and Zip Code

rickyg09@usa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ricardo Garcia

_{at} 786 201-2885

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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

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	•	45 pm/
	,	17/2:25
•		~

GREEN8 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(It I foliate Emilion E	macinity company)	100
The Articles of Organization for this Limited Liability Company Plorida document number L08000107695	were filed on November	r 19, 2008 and assigned
lorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Empoweb LLC		
The new name must be distinguishable and end with the words "Limi L.L.C."	ted Liability Company," the c	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2750 NE 183rd Stre	eet #409
(Principal office address MUST BE A STREET ADDRESS)	Aventura. FL 33160	
Enter new mailing address, if applicable:	2750 NE 183rd Stre	eet #409
(Mailing address MAY BE A POST OFFICE BOX)	Aventura. FL 33160)
B. If amending the registered agent and/or registered of		ords, enter the name of the new
registered agent and/or the new registered office address her	<u>'e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Flori	da 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.

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 = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
·			Remove
			Add
			Remove
			Remove
<u>_</u>			Add
			Remove
			_
			Add
			Remove
			Add
			Remove

. If anteno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,—	
_{ated} Ma	arch 20, 2013
	Dim
	Signature of a member or authorized representative of a member
	Ricardo Garcia
	Typed or printed name of signee

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Filing Fee: \$25.00