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SECRETARY OF STATE
ALLAHASSEF FLORE

D. BRUCE

DEC - 5 2008

EXAMINER

COVER LETTER

SUBJECT: Miami (Goin' Greem, LLC					£
	(Name of Lim	ited Liability Company)				_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspondence	ondence concerning this matter	to the following:				
	Anthony Albelo					
	Antitiony Albeid	(Name of Person)				
	Miami Goin' Green, LLC					
	Wilding Golff Green, ELC	(Firm/Company)				
		• 11 14				
	2550 S Bayshore Drive, Suite11					
		(Address)		TAL SEC	80	
	Miami, FL 33133	di		呈影	39	-
		(City/State and Zip Code)		\$ A A)- 330	
For further information of	concerning this matter, please c	all:			t Pii	
•	<i>J</i> 71			53		U
Anthony Albelo		at (305) 461-2700			2:-	
(Name	of Person)	(Area Code & Daytime T	elephone Numbe	er) ¯	~	
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	☑\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Fil			
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certified	ite of Stat I Copy ial copy is		sed)
			(www.mor	oopy 1		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Registration Section Division of Corporations

TO:

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

Miami Goin' Greem, LLC		
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on ou ed Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compa	any were filed on DEC 1, 200	and assigned
Florida document number L08000110202		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
Miami Goin' Green, LLC		
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company," the	designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		77.50
Principal office address MUST BE A STREET ADDRESS	<u> </u>	1601 1601 1601
		OF P
		ARR 4 P
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		937
		A PAGE
		•
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ords, enter the name of the new
registered agent and/or the new registered office address i	ici c.	
Name of New Registered Agent:		
	·	
New Registered Office Address:	(Enter Flo	rida street address)
	(Lines Fibrial Sirees address)	
	(City)	_, Florida(Zip Code)
	(~)	(Lip Couc)

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 = Ma MGRM = I	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Domesta
			Add Remove
			— ~
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if nece	essary.)
_ _ _			O8 DEC
Dated DEC	file Alles.	nur	LOFSTATE F.FLORIDA
	Signature of a member	er or authorized representative of a member	~
	Турес	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00