

LO9 000036585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

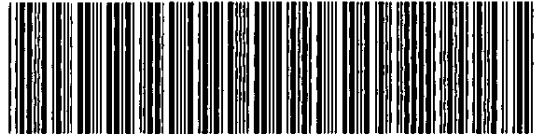
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T. CLINE

AUG 20 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Green Thumb Pottery, 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:

Tenille N. Hosten

Name of Person

Tax Freedom Alliance, Inc

Firm/Company

6600 N Andrews Ave, Ste 250

Address

Ft. Lauderdale, FL 33309

City/State and Zip Code

tenille@taxfreedomalliance.com

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

For further information concerning this matter, please call:

Tenille N. Hosten

Name of Person

at (954)

972-3004

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

2009 AUG 19 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FL 32301
FILED

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

Green Thumb Pottery, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/15/2009 and assigned
Florida document number L09000036585.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Christopher Moody

New Registered Office Address: 1327 NE 14th Ct

Enter Florida street address

Ft. Lauderdale

Florida

33304

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.

Christopher Moody
If Changing Registered Agent, Signature of New Registered Agent

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

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Matthew C. Lang	1327 NE 14th Ct Ft. Lauderdale, FL 33304	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Christopher Moody	1327 NE 14th Ct Ft. Lauderdale, FL 33304	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Dated August 14th, 2009


Signature of a member or authorized representative of a member

Christopher Moody
Typed or printed name of signee

FILED
AUG 19 PM 12:30
CLERK OF STATE
TALLAHASSEE, FLORIDA