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TO FEB 18 AM II: 40

D. BRUCE FEB 19 2010 EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	Green	& Poore, LLC		
	<del></del>	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	oondence concerning this matte	r to the following:		
		Tiffany H. Poore		
		Name of Person		
Green & Poore, LLC Firm/Company			<u> </u>	
	10752 De	eerwood Park Blvd. S. Ste.	100	
		Address		
				Fin
	Jacksonville, FL 32256			
	too	City/State and Zip Code		FEB 18
	E-mail address:	ore@greenpoorelaw.com (to be used for future annual report notif	ication)	SSE SSE
For further information	concerning this matter, please	call:		EB 18 MM 11: 40 ETARY OF STATE A HASSEE, FLORIDA
Tif	fany H. Poore	at ( 904 )	289-9771	
	of Person		e 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		of Status &
MAILING ADDRESS: Registration Section		STREET/COURI Registration Section		
Division of Cornorations		Division of Cornor		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Green & P	oore, LLC	·	
(Name of the Limite (	d Liability Compa A Florida Limited	iny as it now appea Liability Company)	irs on our records.)	
The Articles of Organization for this Limited I	iability Company	were filed on	July 31, 2009	and assigned
Florida document numberL0900007	3522			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lial	bility company he	ere:	
	n/a	1		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable:	n/a		
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>
		<del> </del>		
				All B
Enter new mailing address, if applicable:		n/a	· ····	TO B IT
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter the	ne name of the new
Name of New Registered Agent:	n/a			
New Registered Office Address:	n/a			
-		E	nter Florida street addi	ess
			, 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 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 of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action						
MGRM	Tiffany H. Poore	10752 Deerwood Park Blvd. S. Ste. 100 Jacksonville, FL 32256	Add Remove						
<u>MGRM</u>	Paul H. Green, Jr.	10752 Deerwood Park Blvd. S. Ste 100 Jacksonville, FL 32256	Add Remove						
MGRM	Tiffany H. Poore, P.A.	10752 Deerwood Park Blvd. S. Ste. 100 Jacksonville, FL 32256	Add Remove						
MGRM	Paul H. Green, Jr., P.A.	10752 Deerwood Park Blvd. S. Ste. 100 Jacksonville, FL 32256	_✓ Add _ Remove						
			Add Remove _						
D. If amendin	g any other information, enter change(s		B 18						
		FLORIO A	MHU: 40						
Dated	February 10 , 2010  Apply A four signature of a member or	authorized representative of a member	<del>-</del> 						
Tiffany H. Poore  Typed or printed name of signee									
Typed of printed name of signee									

Page 2 of 2

Filing Fee: \$25.00