190000 81132

(R	equestor's Name)
(A	ddress)	******
(A	ddress)	
(C	ity/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Na	me)
		:
. (1)	ocument Number	;
Certified Copies	· ·Certificate	s of Status
		:
Special Instructions to	Filing Officer:	

Office Use Only



000160360300

09/08/09--01034--005 **60.00

2009 SEP-8 AM 11: 18
SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS

SEP - 9 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co		, ·		
SUBJECT:		en Selection, LLC.		
	Name of Lim	ited Liability Company	,	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Ariel A. Escalona Name of Person	<u> </u>	
		Name of Person		
Prime Green Selection, LLC.				
		Firm/Company		
		P.O. Box 441774		
		Address		
		Miami, FL 33144		
		City/State and Zip Code	F.O.	
	E-mail address: 7	selection@vahoo.com to be used for future annual report notificat	lion FE	SER
For further information	concerning this matter, please of	•	HASSEE	FILED FILED
	el A. Escalona		51-9593	
Name	of Person	Area Code & Daytime T	elephone Number	TE 18
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 e	

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

Prime	<u> Green Selection, LLC</u>				
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appear orida Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liab		08/24/09	and assigned		
Florida document number <u>L0900008113</u>					
This amendment is submitted to amend the follow					
A. If amending name, enter the new name of th	e limited liability company her	e :			
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applicab	le:				
(Principal office address MUST BE A STREET A	ADDRESS)				
Enter new mailing address, if applicable:	·	·			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		S		
			SE		
B. If amending the registered agent and/or	registered office address on a	ur records, enter :	the rame of the new		
registered agent and/or the new registered offic		<u></u>	EFFLORIE EFFLORIE		
			FLO II:		
Name of New Registered Agent:			- REF. 18		
New Registered Office Address:			,		
	Enter Florida 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 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>Address</u> **Type of Action Title** Name | 11160 SW 71 Lane Miami, FL 33173 MGR__ Ariel A. Escalona **✓** Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Ariel A. Escalona is 100% manager for Prime Green Selection, LLC. Dated Signature of a member or authorized representative of a member Ariel A. Escalona
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00