## 60900091033

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10 FEB 18 PH 2: 04
SECRETARY OF STATE
ALLAHASSEE, FI ORIO

J. BRYAN

FEB 1 9 2009

EXAMINER

## **COVER LETTER**

TO: Registration Division of C					
SUBJECT:	ahk all	the way 69llc			
	Name of Limi	ted Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
		andrew kahn Name of Person			
		name of Person			
		ahk all the way 69lic			
		Firm/Company	Ď.		
•	1	13249 n. w.12th court	ינונ <i>ו</i>	0 11 m	
		Address			
		sunrise fl. 33323	ASSEE, FLORIDA	FILED FEB 18 PH 2: 04	
	<del></del>	City/State and Zip Code			
	E-mail addraga (	flkid49@yahoo.com to be used for future annual report notificati	R	14. CF	
For further information	concerning this matter, please of	•	on)	·	
;	andrew kahn	at ( 954 ) 55	2 9530		
Name of Person		Area Code & Daytime Telephone Number			
w	4.04				
	the following amount:	Flore on Pills P. C.	Page of Billion Bar		
\$25.00 Filing Fee	☐\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Sta Certified Copy (additional copy		
MAI	LING ADDRESS:	STREET/COURIER	ADDRESS:		
	stration Section sion of Corporations	Registration Section Division of Corporation	ons		
P.O.	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ahk all the	way 69 llc		
(Name of the Limited Liability Compa (A Florida Limited L	<u>ny as it now appear</u> Liability Company)	s on our records.	
·			
The Articles of Organization for this Limited Liability Company	were filed on	9/21/2009	and assigned
Florida document number 10900091033			
This amendment is submitted to amend the following:	GREEN CLE	AN ORFANIZ	ino macine LL
A. If amending name, enter the new name of the limited liab			
—the green clean of	ganizing L.L.C.	THE CREEN	LEAN DIGANTING
The new name must be distinguishable and end with the words "Limi"L.L.C."			
Enter new principal offices address, if applicable:		-	FAL SE
(Principal office address MUST BE A STREET ADDRESS)			
			TAI B
			A W
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			STATE OR IDE
Interesting water-constraint Date 1 Total Date 1			<del>DM F</del>
B. If amending the registered agent and/or registered of	fice address on (	our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:			
IVEW REGISTERS Office Address.	En	ter Florida street ad	ldress
		, 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 MGRM = Managing Member <u>Title</u> Name <u>Address</u> Type of Action sheila kahn vp 13249 n.w. 12 th court sunrise fl 33327 [7] Add Remove ☐ Add Remove ☐ Add ☐ Remove Remove ∏Add Remove \_\_\_Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) february 16 Dated\_ Signature of a member or authorized representative of a member andrew h. kahn

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00