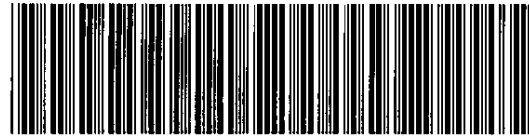


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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D. BRUCE
AUG 31 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GREEN VALLEY FINANCIAL GROUP 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:

Name of Person
LEXUS MANAGEMENT GROUP
Firm/Company
1487 DEPEW ST SE
Address
PALM BAY FL 32909
City/State and Zip Code
GIFF10@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GIFFARD BULLEN at (**718**) **594-5013**
Name of Person Area Code & Daytime Telephone Number

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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

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

GREEN VALLEY FINANCIAL GROUP 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 01/05/2010 and assigned Florida document number L10000001201.

This amendment is submitted to amend the following:

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

REPUBLIC INVESTMENT GROUP LLC

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:

2949 BLACKWATER CREEK DR

(Principal office address MUST BE A STREET ADDRESS)

LAKELAND FL 33810

Enter new mailing address, if applicable:

PO BOX 101306

(Mailing address MAY BE A POST OFFICE BOX)

PALM BAY FL 32910

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TALLAHASSEE, FLORIDA

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:

GIFFORD BULLEN

New Registered Office Address:

2949 BLACKWATER CREEK DR

Enter Florida street address

LAKELAND

Florida

33810

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LEXUS MANAGEMENT GE	1487 DEPEW ST SE PALM BAY FL 32909	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GIFFARD BULLEN	2949 BLACKWATER CREEK DR LAKELAND FL 33810	<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

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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated AUGUST 23, 2010



 Signature of a member or authorized representative of a member
 GIFFARD BULLEN

 Typed or printed name of signee