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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to Fili	ing Officer:	

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## **COVER LETTER**

TO:	Registration Se Division of Cor		₩.	
CHDI	CARE GRI	EEN LANDSCAPING, LLC		
SUBJE	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Name of Person	<del></del>
		FLORIDA CORPORATE	SERVICES, LLC	
		<del></del> -	Firm/Company	
		3006 AVIATION AVENU	JE, SUITE 2A	
			Address	
		COCONUT GROVE, FL	33133	
			City/State and Zip Code	
		MHARDIE@SORDOLAW E-mail address: (	COM to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
ALEX	ANDER PENA, E	SQ.	305 859-8107	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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

CARE GREEN LANDSCAPING, LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (	Company were filed on 02/17/2010	and assigned
Florida document number L10000018447		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or t	the abbreviation 25L.C.*
Enter new principal offices address, if applicable:		SE SE
(Principal office address MUST BE A STREET ADD	RFCC)	N 95-
Trincipal Office address West ID II STREET IID	KESS)	
		N 5-7
Enter new mailing address, if applicable:		<b>切</b> 第章
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
(Mutting tituless MAT BE A POST OFFICE BOA)		
B. If amending the registered agent and/or regis		nter the name of the ne
registered agent and/or the new registered office add	<u>lress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street åddress	<del></del>
	, Florid	
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR JORGE GUILLERMO SANTOS O	JORGE GUILLERMO SANTOS O	7434 SW 23 STREET	Add
		MIAMI, FL 33155	☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
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			Channa

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Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 20th day after the record is filed.
Dated	September 20. 2016
	Man &
	Signature of a member or authorized representative of a member
	N
	Typed or printed name of signee

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Filing Fee: \$25.00