## L1000000a1066

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

OCT 17 2011

**EXAMINER** 

Office Use Only



500213156485

10/14/11--01004--013 \*\*25.00

SECRETARY OF STATE

## **COVER LETTER**

Tallahassee, FL 32314

TO:	Registration S Division of Co					
SUBJE	SUBJECT: A Green World LLC					
SOBOL.		·	ited Liability Company			
The encl	losed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please re	eturn all corresp	ondence concerning this matte	r to the following:			
	Colleen Graubard			_		
			Name of Person			
A Green World Realty				7 2		
			Firm/Company		SECO.	-
	255 W. King St.					-
			Address		2011 OGT 14 PM SECRETARYOF TALTEMASSEE.F	
		St	. Augustine, FL 32084		<b>三</b>	
			City/State and Zip Code		STAT	<b>-</b>
		cgrauba E-mail address: (	ard@agreenworldrealty.  10 be used for future annual report	com notification)	RIDA RIDA	
For furth	er information o	concerning this matter, please of	call:			
	Coll	een Graubard	at ( 904 )	217-4548		
	Name o	of Person	Area Code & Daytime Telephone Number		r	
Enclosed	l is a check for t	he following amount:				
<b>₹2</b> 5.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Certified	ite of Status &	l)
		ING ADDRESS:	STREET/CO Registration So	URIER ADDRESS:		
Registration Section Division of Corporations P.O. Box 6327		Division of Co Clifton Buildin	orporations			

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	A Green World, LLC		
(Name of the Limite	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited	Liability Company were filed on	02/24/2010	and assigned
Florida document numberL1000002	21066		
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited liability company he	re:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		ALL	35 CGE 71
Mailing address MAY BE A POST OFFICE	<u> </u>	SSE	
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on office address here:	our records, entered	
		_	
Name of New Registered Agent:			<u></u>
New Registered Office Address:	255 W. King St.		
	En	ter Florida street addr	ess
	Saint Augustine	, Florida	32084
	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>	<u>Name</u>	<u>Address</u>	Type of Action				
MGRM	Stephanie Igou	24 Davis St., St. Augustine, FL 32084	✓ Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
		ALL AHASS	inove T				
D. Ifomor	ding any other information automakeus						
	olleen Graubard, Registered agent	e(s) here: (Attach additional sheets, if necessary)					
	O Abbott St., St. Augustine, FL 3208		<del>-</del> -				
			<del>-</del> -				
Dated	October 11 , 20:	or authorized representative of a member					
		or printed name of signee	<u>.</u>				
	ryped or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00