110000036165

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
·		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(business Entity Name)		
·		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
MAY - 7 2013		
A. LUNT		
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2013 MAY - 1' P# 12: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

DOUGLAS GREENE, 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:

ANDREE GREENE

Name of Person

DOUGLAS GREENE LLC

Firm/Company

600 SW 4TH AVENUE

Address

FORT LAUDERDALE, FL 33315

City/State and Zip Code

agreenecaainc@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andree Greene

_{..},954**524-941**

Name of Person

Area Code & Daytime Telephone Number

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

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DOUGLAS GREENE LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our reco Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C		and assigned
Florida document number L10000036165	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distingúishable and end with the wo	ords "Limited Liability Company," the desig	nation "LLC" or the abbreviation
"L.L.C."		20
Enter new principal offices address, if applicable:		2013 HA SECRE TALLAH
(Principal office address MUST BE A STREET ADD	RESS)	HAX
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
	, Flo	orida
	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		FILING CANCELL	
Title	Name	RETURNE Address	ED CHECK Sype of Action
MGRM	FRANCISCO JIMENEZ	P.O. BOX 472	✓ Add
		EAST PALATKA Florida 32131	Remove
MGRM	GORDON DOUGLAS	DECEASED	- Add
			Remove
	<u>‡</u> ∙.		.· 201
		LLAHAS	Add
		SEE, FLOR	Reprove
	•		8 Add
	;		Remove
			Add
	•	· · · · · · · · · · · · · · · · · · ·	Remove
	:		—
			Add Remove
			Kemove

it amending any other i	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
	
ADDII 45	0040
APRIL 15	2013
	I de Green
	Signature of a member or authorized representative of a member
Andree G	reene '
	Typed or printed name of signee
l	Page 3 of 3

Filing Fee: \$25.00

2013 MAY -1 PM 12- 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING CANCELLED RETURNED CHECK