

**L10000092136**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000038791 3)))



H140000387913ABC0

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 FEB 17 AM 8:04

**FILED**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GREEN ASSETS REALTY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	4
Estimated Charge	\$25.00

RECEIVED  
14 FEB 17 AM 6:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**L. Durek FEB 17 2014**

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

**GREEN ASSETS REALTY 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 09/01/2010 and assigned  
Florida document number L10000092136.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

1200 BRICKELL AVENUE, SUITE 1450

MIAMI, FL 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**FILED**  
FEB 17 AM 8:04  
SECRETARY OF STATE  
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:

New Registered Office Address:

Enter Florida street address

City, Florida 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALMP HOLDING LLC	1200 Brickell Avenue, Suite 1450	<input checked="" type="checkbox"/> Add
		Miami FL 33131	<input type="checkbox"/> Remove
MGR	PIMENTA, ADRIANO D.	200 S. BISCAYNE BLVD.	<input type="checkbox"/> Add
		SUITE # 4650	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
 14 FEB 17 AM 8:04  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

---

---

---

---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 17th, 2014



Signature of a member or authorized representative of a member

Angela Martin, Attorney-in-Fact

Typed or printed name of signor

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
14 FEB 17 AM 8:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA