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(Re	questor's Name)	
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2013 MAY 28 AM II: 31
SECRETARY OF STATE
SECRETARY OF STATE

B. BOSTICK

MAY 2 9 2013

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

Green Goblin, 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:

Dawn Brown Name of Person Law Offices of Michael B. Brehne, PA Firm/Company 230 N. Westmonte Drive #1000 Address Altamonte Springs, FL 32714

City/State and Zip Code

dbrown@brehnelaw.com

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

For further information concerning this matter, please call:

Dawn Brown

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

(Principal office address MUST BE A STREET ADDRES	27	7013 SE
Enter new mailing address, if applicable:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
, 11	<u></u>	Fo P III
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		<u> </u>
		## 31
B. If amending the registered agent and/or registere		ur records, enter the name of the nev
registered agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Ente	er Florida street address
	<i>Ditte</i> .	The state for Obe Mesor Diff
		. Florida
	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> MGRM	Name Dawn Brown	Address 230 N. Westmonte Drive	Type of Action
	Dawn Blown		Add
		Suite 1000	Remove
		Altamonte Springs, FL 32714	-
			Add
			Remove
			_
			Add
			Remove
		SECRET TALLIAHA	2013 HAY 2001
		SSET CH	
		FI ORIDA	Remove
·			Add
			Remove
			Add
			Remove

D. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<u></u>	
Dated May	y 20 2013 <sub>2</sub>
	////////
	and a member of authorized representative of a member
	Michael B. Brehne, MGRM
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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