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SECRETARI OF STATE
TALLAHASSEE, FLORID.

C. LEWIS

AUG - 8 2012

EXAMINER

Division of Corporations
SUBJECT: 1000 Southern Remissonce Men 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:
Emem Stuppard
Name of Person
Green Capital Funding LLC Firm/Company
10423 spotted Faun La
Tacksonville FL 32257 City/State and Zip Code
mel. Stupperd I pe @ gmail. com E-mail address: (to be used for future amoual report notification)
For further information concerning this matter, please call:
Enem Stupped at (904) 537-6249 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee,} \\ \text{Certificate of Status} \\ \text{(additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \end{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

The Articles of Organization for this Limited Liability Company were filed on _ Florida document number <u>L/0000104828</u>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liabi	lity company here:
Green Capital Funding A The new name must be distinguishable and end with the words "Limit	LC
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	7990 Boy mendows Rd
(Principal office address MUST BE A STREET ADDRESS)	Suite 312
	Jackson ville, FL 32256
Enter new mailing address, if applicable:	P.O. Box 17606
(Mailing address MAY BE A POST OFFICE BOX)	FOCKSONVIlle, FIG 32245
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	Stupped

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Man MGRM = M	nager lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRY	Emery Stuppard	10423 spotted Fawn Ln Aacksonville, Fl 32257	Add Remove
CFO.	Emen Styppard	10423 spotted Faun Lu Facksonville, FL 32257	Add Remove
(RO	Ernest Coreen	7990 Baymerdows Rd Ste 312N TOCKSONVIlle, FL 32254	Add Remove
<u>Cop</u>	Tabitha Thomas	NA	Add Remove
Vice Pres	Regionald Hollichy	NIA	Add Remove
<u>CFO</u>	Antonio Martin	2000 Victoria Park Unit 2112 Daven port, FL 33896	Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
<u>C</u>	\mathcal{L}	remains and adding	
			FILED 12 AUG - 7 PM SECNETARE OF TALLARIASSEL, F
Dated 7	C L	or authorized representative of a member	PN 12: 58 OF STATE
	Emen Stuppor	di audiorizza representative or a memoci	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

	= Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CDO	Doniels Ir	11717 Dunes Way N Facksonuille, FC	Add Remove
			Add Remove
			Add Remove
·			Add Remove
	<u> </u>		Add Remove
			AddRemove
D. If an	nending any other information, enter cha	nge(s) here: (Attach additional sheets, if necessar	ry.)
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	7\30 . 20	?	FILED AUG-7 PM CALLARY OF LAILASSEE, I
Dated _	2	ber or authorized representative of a member	PM 1: 08 OF STATE E, FLORIDA
	6 men Stupe	ed or printed name of signee	_

Page 2 of 2

Filing Fee: \$25.00