## L10000104828

(Re	equestor's Name)			
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B. KOHR

AUG 1 6 2012

EXAMINER



000238336270

08/15/12--01013--004 \*\*25.00

SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

TO:	Registration Sect Division of Corpo			
SUBJECT: Green Ca			ital Funding LLC	
50202		Name of Limit	ed Liability Company	
				7
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	12 AUG 15 PA 2
			Name of Person	
		1000 Sout	thern Renaissance Me	en LLC
		Firm/Company		
104		23 Spotted Fawn Lane	<u> </u>	
	•		Address	
		Ja	cksonville, FL 32257	·
			City/State and Zip Code	
		mel.s	stuppardlpc@gmail.com to be used for future annual repor	n t notification)
For fur	rther information co	ncerning this matter, please ca		, ,
		,,		
<del></del>	Eme Name of I	m Stuppard	at (_904 )	537-6249 Daytime Telephone Number
	Name of i	rerson .	Area Code & L	raytime releptione Number
Enclos	sed is a check for the	following amount:		
<b>▼</b> \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Closed) Certified Copy (additional copy is enclosed)
	Registrat Division P.O. Box		Registration Division of C Clifton Build	Corporations ling
	Tallahas	see, FL 32314	2661 Executi	ve Center Circle

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gre	en Capital	Funding LLC	<b>,</b>		
(Name of the Limited (A	<b>Liability Compar</b> Florida Limited L	ny as it now appea iability Company)	rs on our records.)	- To a state of	
The Articles of Organization for this Limited Lia	• • •	were filed on	10/07/2010	and assigned	
Florida document number L10000104	828			<b>*</b>	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :		
		issance Men L			
The new name must be distinguishable and end with "L.L.C."	n the words "Limit	ted Liability Compa	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applica	10423 Spotte	ed Fawn Lane			
(Principal office address MUST BE A STREET ADDRES.		Jacksonville,	FI 32257		
		· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable:		10423 Spotted Fawn Lane			
(Mailing address MAY BE A POST OFFICE BOX)		Jacksonville	FI 32257		
			*** · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered agent and/or the new registered off			our records, <u>enter t</u> l	he name of the new	
Name of New Registered Agent:	Emem Stuppard				
New Registered Office Address:	10423 Spot	ted Fawn Lane			
		Er	nter Florida street addı	ress	
	Ja	acksonville	, Florida	32257	
		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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
CEO	Reginald Holliday	NA	Add Remove
<u>MGRM</u>	Emem Stuppard	10423 Spotted Fawn Lane Jacksonville, Fl 32257	✓ Add Remove
CFO	Emem Stuppard	10423 Spotted Fawn Lane Jacksonville, Fl 32257	Add Remove
<u>COO</u>	Tabitha Thomas		Add Remove
CEO_	Ernest Green		Add Remove
			Add Remove
D. If amend	ding any other information, enter cha	inge(s) here: (Attach additional sheets, if necessary.)	
			_
			<del></del>
		nber or authorized representative of a member	<del></del>
	Emen Strpp	ped or printed name of signee	<del></del>

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Filing Fee: \$25.00