L 10000128853

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
· (Bu:	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to		

A. LUNT

OCT 31 2012

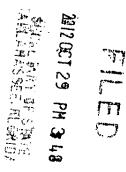
EXAMINER

Office Use Only



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10/29/12--01005--008 **25.00



COVER LETTER

TO:	Registration S Division of Co					
SUBJE	· CT·	CCP EMER	RALD GREEN LLC			
SCBGE			ited Liability Company			
The end	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please 1	return all corresp	ondence concerning this matte	r to the following:			
		MICHELLE DY				
		Name of Person		78 31	*****	
		RGENT MANAGEMENT LL	.c	72	44.50 (1.00)	
			Firm/Company			-
	4600 WEST CYPRESS STREET SUITE 120		12명 상 12명 상	1-		
-		-	Address			
			TAMPA FL 33607			
			City/State and Zip Code			
		MICHELL	E@CONVERGENTCAP.CO	ОМ		
	,	E-mail address: (to be used for future annual report notifi	cation)		
For furt	ther information	concerning this matter, please	call:			
	МІ	CHELLE DY	at (813)	386-4908	·	
Name of Person		of Person	Area Code & Daytime Telephone Number		•	
Enclose	ed is a check for t	he following amount:				
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)) Certified	te of Status &	d)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations nter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		GREEN LLC				
(<u>Name of the Limited Lia</u> (A Flo	ibility Compan orida Limited Li	y as it now appears on ability Company)	our records.			
The Articles of Organization for this Limited Liabil Florida document number		were filed on1	2/16/2010	and assi	gned	
This amendment is submitted to amend the following. A. If amending name, enter the new name of the		lity company here:				
The new name must be distinguishable and end with th "L.L.C."	e words "Limit	ed Liability Company,"	the designation	20 23	breviation	
Enter new principal offices address, if applicable	e :	4600 WEST CYP	RESS STR	EÉT, 2		
(Principal office address MUST BE A STREET A	DDRESS)	SUITE 120			η	
		TAMPA FL 3360		<u> </u>	1	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4600 WEST CYP SUITE 120	RESS STRE	PR SEET SEET SEET SEET SEET SEET SEET SEE	O	
	TAMPA FL 33607 US					
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:			ecords, enter	the name of	the new	
New Registered Office Address: 4	600 WEST	CYPRESS STREE	ET SUITE 12	20		
	Enter Florida street address					
_		TAMPA	, Florida	33607		
		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, thereby 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Title <u>Name</u> <u>Address</u> **Type of Action MGR** CONVERGENT MANAGEMENT LLC 3105 WEST WATERS AVENUE, ☐ Add ✓ Remove SUITE 107 TAMPA FL 33614 US CONVERGENT MANAGEMENT LLC MGR 4600 WEST CYPRESS STREET ✓ Add Remove SUITE 120 TAMPA FL 33607 US ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 10/25 12012 Dated Signature of a nember or authorized representative of a member Govindaraju Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00