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SECRETARY OF STATE
ALLAHASSEE, FLORID

J. BRYAN

FEB 24 2011

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	CT:	GREE	N GIFTS, LLC	
			ited Liability Company	
The enc	losed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
			Tova Itzhak	
			Name of Person	TES T
			Firm/Company	RE 23
18021		18021 E	Biscayne blvd., apt.# 1104-2	FILLAHASSEE, FILORITA
				O: 42 STATI FLORI
			Aventura, FL 33160 City/State and Zip Code	50
		E-mail address: (pinny@tax-usa.net to be used for future annual report notifica	tion)
For furt	her information	concerning this matter, please of	call:	
		Pinny Rozen	at (888) 8	75-2668
	Name	or r cison	Area Code & Daytime	exephone Number
Enclose	d is a check for	the following amount:		
\$25 .4	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	4 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		JNG ADDRESS: tration Section	STREET/COURIEI Registration Section	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREEN GI	FTS, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appearability Company)	urs on our records.	
The Articles of Organization for this Limited Liability Company	were filed on	02/01/2011	and assigned
Florida document number L11000013207\]			超言小
This amendment is submitted to amend the following:			HEB23 MIO:
A. If amending name, enter the new name of the limited liab	ility company he	re:	A OF S
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:	Tova Itzhak		
(Principal office address MUST BE A STREET ADDRESS)	18021 Bisca	yne blvd., apt.# 11	104-2
	Aventura, Fl	_ 33160	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter (</u>	the name of the new
Name of New Registered Agent:	<u></u>		
New Registered Office Address:	Ei	nter Florida street ada	ress
	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 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>	Name	Address	Type of Act	<u>ion</u>
MGRM	Tova Itzhak	18021 Biscayne blvd. apt # 1104-2 Aventura, FL 33160	Add Remove	
ary make all and a substitute of the substitute			Add Remove	
	Market Control of the		Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
D. If amendir	ng any other information, enter change	e(s) here: (Attach additional sheets, f necessary.)		
			SECRE	77
Dated			B 23 ANTARY OF	HE
	· Y	or authorized representative of a member ARON, KLEIN or printed name of signee	AM 10: 42 OF STATE E. FLORIDA	D

Page 2 of 2

Filing Fee: \$25.00