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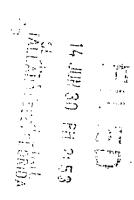
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COVER LETTER .

TO: Registration Section Division of Corporations
SUBJECT: GREENE REAL ESTATE 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:
VIVIAN T. GREENE Name of Person
GREENE REAL ESTATE LLC Firm/Company
930 TAHOE BLVD SUTE 802-395
City/State and Zip Code VIVONE DE COM
E-mail address to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(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

GREENE REAL ESTATE LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L \(\)
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) UNIT 46 INCLINE VILLAGE NN 8945
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: MARCIA FERRANCE
New Registered Office Address: 6040 GLENDAUE DENE
BOCA RATION, Florida 33433
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 605, F.S. Or, if this document is

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If Changing Registered Agent, Signature of New Registered Agent

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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			□ Remove
			Remove
			Add Refflove
			22 5 D
			□ Remove
			□ Remove
	<i>(</i>		_

If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	date, if other than the date of filing: (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
Dated	JONE 24, 2014.
	Vivian J. Greene
	Signature of a member or authorized representative of a member VIVIAN T. GREENE
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 JUN 30 PH 7: 53