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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

APR 16 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ULTIMATE HEALTH PRODUCTS 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 3 LLC

Firm/Company

8701 VIA ANCHO ROAD

Address

BOCA RATON FL 33433

City/State and Zip Code

VIVGREENE@aol.com.

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIVIAN T. GREENE

Name of Person

at (561) 809 0604

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(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**

ULTIMATE HEALTH PRODUCTS LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/16/11 and assigned

Florida document number LI00003261.2

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GREENE REAL ESTATE 3 LLC

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)

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:

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated APRIL 12, 2012

Vivian T. Greene, Mgr. Member

Signature of a member or authorized representative of a member

VIVIAN T. GREENE, MANAGING MEMBER

Typed or printed name of signee

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TALLAHASSEE, FLORIDA