L11000045182

(Re	equestor's Name)	
(Ad	Idress)	
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(Cit	ty/State/Zip/Phon	e #)
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N. Cuttigan MAY _ 5 2011

COVER LETTER

TO: Registration Sect Division of Corpo	
SUBJECT:	Steen Hen, L.C. Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	Name of Person
	Green Hen LLC Pirm/Company
	1497 Main St., # 374 Address
	Dunedin FL 34698 City/State and Zip Code
	E-mail address (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
Pat Bilot Name of	Person at (727) 542-8412 Area Code & Daytime Telephone Number
Enclosed is a check for the	e following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

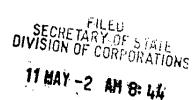
MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Green H	ien, LLC	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on out Limited Liability Company)	<u>r records.)</u>
The Articles of Organization for this Limited Liability	Company were filed on 4.15	and assigned
Florida document number L110000 4518	<u>32</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	<u>DRESS)</u>	
The state of the s		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo.	rida street address
	City	_, Florida

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 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		
MGR	Pat Biliotta	1497 main St. #374 Dinedin, FL 34698	Add Remove		
MOR	Pat Bilotta	1497 Main St., # 374 Dunedin, FL 341098	Add Remove		
MOR	Paul Stork	1497 Main St., # 374 Dunedin, RL 34698	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amer	nding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary	SECRETARY OF STATE DIVISION OF CORPORATIONS 11 MAY -2 M 8: 44		
Dated	april 28 , 20	<u> </u>			
	Pat Bilot Pat Bilot	ta, manager			
	Тур	ed or printed name of signee			

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Filing Fee: \$25.00