## 110000 F5386

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me) .
(Do	cument Number	)
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**EXAMINER** 



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DIVISION OF CORPORATIONS

## **COVER LETTER**

то:	Registration S Division of Co			
SUBJI				
50.50			REEN HOME, LLC nited Liability Company	
		f Amendment and fee(s) are su	-	12 May 20
Please	return all corresp	ondence concerning this matte	r to the following:	**************************************
	FREDERIC BARTHE ESQ.  Name of Person			
		ED	EDEDIC DARTHE DA	
	FREDERIC BARTHE, P.A.  Firm/Company			
	1 EAST BROWARD BLVD STE 700			
			Address	
		FORT	City/State and Zip Code	01
		FMB	@BARTHE-LEIGH.COM	
For fur	ther information (	E-mail address: concerning this matter, please	(to be used for future annual report n	otification)
		RIC BARTHE ESQ	at (_954_)	523 5555
	Name o	of Person	Area Code & Day	time Telephone Number
Enclose	ed is a check for t	he following amount:		
<b>₽</b> \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Sed) Certified Copy (additional copy is enclosed)
	Regist Division P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOUR GREEN	I HOME, LLC	•	753
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear iability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	8/19/2011	and assigned
Florida document numberL11000095386			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
YOUR GREEN!	HOUSE, LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	ny," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			W = -
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<u>.</u>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	er Florida street add	ress
		171	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
<del></del>			Add Remove
<del></del>			Add Remove
<del></del>			Add _ Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
_			<del>-</del>
	/ /\//2 . a		<del>-</del> 
Dated	Signature of a member	or authorized representative of a member	
	_	deric Barthe Esq.	
		or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00