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SECRETARY OF STATE OF COMPERATIONS

MAR 1 3 2012 T. HAMPTON

COVER LETTER

TO: Registration Se Division of Cor	A
SUBJECT: CUMPLE THOME	Dur Gift South Florida. UC Republic Green Trechouse Modice Name of Limited Liability Company LC
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Robin B. Hansel Name of Person Orine Our Gift South Florida, UC New James Firm/Company 15 Laguna Court Address Palm Beach Gardens, FL 33418 City/State and Zip Code robin bradley hansel e gmail.com
	E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
Robin B. H	Hansel at (561) 568-3508
Name of	Person Area Code & Daytime Telephone Number
Enclosed is a check for th	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Our Gift South Fla	orida, UC	, <u>G</u>	
(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our records. Liability Company)) Negg	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 916/201	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:	.,,	
<u>Green Tree house Me</u>	die UC		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	Same on Pri	e v=	
(Principal office address MUST BE A STREET ADDRESS)	Same as Pri		
Enter new mailing address, if applicable:	Same as Pro	· · · · · · · · · · · · · · · · · · ·	
(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 her	<u>e</u> :	er the name of the new	
Name of New Registered Agent:	Samo as Prior		
New Registered Office Address:			
	Enter Florida street	address	
	City, Florida	Zip Code	
Non-Destroyed Association 26 hours to the state of the st	City	zip Coae	

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

Type of Action Address Title Name NA ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MIA Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00