

06/12/2020 09:55

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SERBER&ASSOC.

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Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SERBER & ASSOCIATES, P.A.
Account Number : I20000000083
Phone : (305) 932-6262
Fax Number : (305) 933-9393

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@serberlawfirm.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JUN 12 AM 9:31

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BUILDINGS GREEN SUSTAINABILITY CONSULTING GROUP LLC

Certificate of Status	0
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Corporate Filing Menu

Y. SULKER

Help 15 2020

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2020 JUN 12 PM 12:04

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H20000178360 3)))

BUILDINGS GREEN SUSTAINABILITY CONSULTING GROUP 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 01/03/2012 and assigned
Florida document number L12000000907

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)

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

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 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

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TALLAHASSEE, FLORIDA

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:

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MGR = Manager

AMBR = Authorized 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
		_____	<input type="checkbox"/> Remove

		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

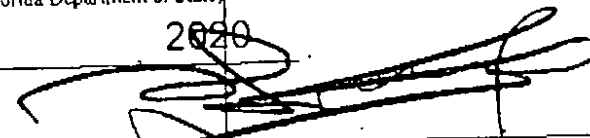
Change Title for: Sr. Pablo Smulevich from Manager to

MGRM

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 11

2020


Signature of member or authorized representative of a member

Pablo Smulevich

Typed or printed name of signer

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