112000 143 991

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , , , , , , , , , , , , , , , , , , ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
2018 Pil. 18

Office Use Only



000317962040

09/07/18--01016--022 **60.00

验过 SEP -7 AM 9:40

T. CLINE

SEP 12 24 K

EXAMINER

COVER LETTER

	Registration Se Division of Cor					
oun mer	C GREEN	AG LLC				
SUBJEC".	I:	Name of Limited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please reti	urn all correspo	ondence concerning this matter	to the following:			
		Erik HERVE				
		C GREEN AG LLC	Name of Person			
		160 VILLAGE BLVD, AP	Firm/Company T J			
		JUPITER, FLORIDA 3340	Address 59			
		erik@cgreenag.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	ication)		
For furthe	r information c	oncerning this matter, please ca	all:			
Erik Herv			561 427 3954 at ()			
	Name o	d Person	Area Code Daytime	Telephone Number		
Enclosed i	is a check for the	ne following amount:				
□ \$25.00	0 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)		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C GREEN AG LLC		
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.) (ity Company)	
The Articles of Organization for this Limited Liability Company were	e filed on GPT 02 not 2018	and assigned
Florida document number <u>605.0202</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
C GREEN AG Biotechnology LLC		
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbr	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		. SE
		· i
		734
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		4 =
		் ယ
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the	ne name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Flyrida street address	
	Florido	

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.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager Authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
				Add
				☐ Remove
				Change
				
				□ Remove
				☐ Change
				Add∑
				□ Remove
				Remove
		/		<i>და</i>
				□ Remove
				☐ Change
				□ Add
				Remove
				□ Change
				□ Remove
				Change

		_				
		_				
					<u></u>	
		 -				
	<u>-</u>			•		
		 .				
						SEE
		- /	<u>/ </u>		,	
				- -	· ·	
		/		_ .	_	- <u>44</u> -9
						 ټ
			_			
						_
<u>_</u>						
		-				 -
	- 		- 0 -		-	_
E. Effective date, if other (If an effective date is listed, the	than the date of f	filing:	r to data of filing or may	(option	nal)	cos nac
Note: If the date inserted document's effective date	l in this block does i	not meet the applic	cable statutory filing	requirements, this	date will not be l	listed a
	· · · · · · · · · · · · · · · · · · ·					
If the record specifies a (b) The 90th day after	delayed effective	ve date, but no	ot an effective tir	me, at 12:01 a.	m. on the ea	rlier d
(-,						
Dated <u>SEPTEMPE</u>	R 02nd.	<u>201</u>	<u> 2</u> .			
		1/ 4	$\frac{1}{1}$			
		1112	116-1-10			

Page 3 of 3

Filing Fee: \$25.00