

#L13000064759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

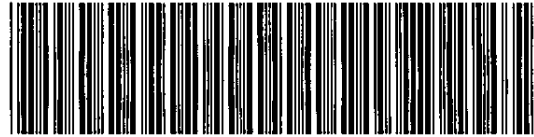
(Business Entity Name)

(Document Number)

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13 NOV 12 PM 4:26
TALLAHASSEE, FLORIDA

K. GALT
EXAMINER
NOV 14 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Greenage Trading, LLC**
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Ciola, CPA

Name of Person

Ciola & Associates, CPA PA

Firm/Company

2030 S. Douglas Road Suite 208

Address

Coral Gables, Florida 33134

City/State and Zip Code

sandracpa@ciola.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Ciola

Name of Person

at (**305**) **567-1661**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

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

TO
ARTICLES OF ORGANIZATION
OF

Greenage Trading, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
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CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/02/2013 and assigned
Florida document number L13000064759.

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: _____

Audrey Halfen

New Registered Office Address: _____

3500 Mystic Pointe Dr. Apt 2701

Enter Florida street address

Aventura

City

Florida 33180

Zip Code

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

OF MANAGING MEMBER BEING ADDED OR REMOVED FROM OUR RECORDS.

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mayer A. Fayes Blanco	2875 NE 191st Street	<input type="checkbox"/> Add
		Suite 704	<input checked="" type="checkbox"/> Remove
		Aventura, Florida 33180	
MGR	Audrey Halfen	3500 Mystic Pointe Dr.	<input checked="" type="checkbox"/> Add
		Apt 2701	<input type="checkbox"/> Remove
		Aventura, Florida 33180	
			<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 attaching any other information, enter change(s) here. (Attach additional sheets, if necessary.)

Dated November 07th, 2013.



Signature of a member or authorized representative of a member

Audrey Halfen

Typed or printed name of signee

