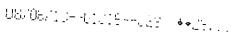
LL3000066700

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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AUG 1 1 2007

S. PRATHER

COVER LETTER

Division of Corp	orations ·	•	
Thing B. LL: SUBJECT:			
		ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon-	dence concerning this matter	to the following:	
	JASON E GREEN		
		Name of Person	
		Firm/Company	
	3390 46TH AVE. N., SUIT	E 200	
		Address	
	SAINT PETERSBURG, F	L 33714	
		City/State and Zip Code	
	jason@jason-green.com		· · ·
		to be used for future annual report notifi-	cation)
For further information cor	ncerning this matter, please ca	all:	
JASON E GREEN		727 282-9356 at ()	
Name of I	Person		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:

TO:

Registration Section

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

THING B, 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 ______ and assigned Florida document number L13000066700 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GREEN PROPERTIES OF FLORIDA, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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 Changing Registered Agent, Signature of New Registered Agent

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DARREN S GREEN	3390 46TH AVE. N., SUITE 200	Add
		SAINT PETERSBURG, FL 33714	🗆 Remove
			☐ Change
AMBR MICHELLET GREEN	3390 46TH AVE. N., SUITE 200	_ _ A dd	
		SAINT PETERSBURG, FL 33714	☐ Remove
			Change
AMBR MARISSA R GREEN	3390 46TH AVE. N., SUITE 200		
	SAINT PETERSBURG, FL 33714	Remove	
			Change
			Add
			Remove
			Change
			□ Remove
		Change	
			🗆 Add
			Remove
			□ Change

Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ne 90th day after the record is filed.
Date	MONDAY, JULY 16 2018
	U , , ,
Date	Signature of a member or authorized representative of a member

Page 3 of 3

O:

Filing Fee: \$25.00