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· (Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	#)
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T. HAMPTON

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	GREEN PROS Name of Limit	OUCHONS L.L. C ed Liability Company	·
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JSABEL	Monteveg 100 Name of Person	
	Gneen	Productions LLC	<del></del>
	480 N.E	. 30 Stneet # 902 Address	
	Miami	FL 33137 City/State and Zip Code	
		ONTENESTING MAC. Co	<u>d\( \gamma\) (on)</u>
For further information co	oncerning this matter, please ca	all:	
TSABEL Mo	MTENEGWO Person	at (305) 528-257 Area Code & Daytime Te	2-lephone Number
Enclosed is a check for the	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	eeen Production	
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on ou a Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document numberL   30000 8762	Company were filed on 6-18.	and assigned
This amendment is submitted to amend the following:		JL -5
A. If amending name, enter the new name of the lin	mited liability company here:	ED COF SIA PN 3:
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	77 . 78	-1
	Enter Floi	rida street address
	 Citv	_, Florida 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	FABEL MONTENEGWO	480 N.E 30 Street #	902 (Add)
		Miami, FL 33137	Remove
<del></del>			Add
			Remove
			Add
		Appendix to the second section 1 and	Remove≠f
			SECRETARE DIVISION OF S
			ED very specific spec
			<del></del>
·	<del>-</del>		Add
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			Add
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
•		
ed	7/2/2013	
	Dens	
	Signature of a member or authorized representative of a member	
	DEVANIRA DESHOYES	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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