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COVER LETTER

TO: Registration Sec Division of Corp		gege same. Jahry Ale.	
SUBJECT:	Green Prod	uctions LLC	
	Name of Limit	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:	
		EL MONTENEGRO Name of Person	
	Gree	n Productions L	IC
		Firm/Company	
	3.4 081	. 30th Street #	- 90 2
		Address	
	Miam	i FL 33137	
	• •	City/State and Zip Code	
		renegno emac-u	21.1 <u>~ i.i.</u> c=
		o be used for future annual report notifical	26 ASS
For further information co	oncerning this matter, please ca	all:	
	Montenegro	at (305) 528 2577 Area Code & Daytime T	elephone Number 37 5
Name of	Person	Area Code & Daytime T	elephone Number
Enclosed is a check for th	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

GREEN Prod	luctions L.L.C	
(Name of the Limited Liability (A Florida	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability (Florida document number <u>L1300008763</u>	Company were filed on 6 - 1	8 - 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		THE TOTAL SECTION AND ADDRESS OF THE PARTY O
		200
Enter new mailing address, if applicable:		26
(Mailing address MAY BE A POST OFFICE BOX)		mo p
		Es in
		3: 50 STATE CORID
B. If amending the registered agent and/or regis	stered office address on our	records, <u>enter the name of the new</u>
registered agent and/or the new registered office add	iress here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter l	Florida street address
		, Florida
	City	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 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 Title Name **Address Type of Action** DEYANIRA DESHAYES 480 NE 30th Street #902 MGRH Add Miami FL 33137 Remove MGRM Isabel B. Montenegro 480 NE 30th Street 4902 Add Miami, FL 33137 Remove Add Remove Ada 🧍 Add Remove Add Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
ated	7/20/2013
_	
	Signature of a member or authorized representative of a member
	Typed or printed name of signes
	TSABEL MONTENEGUO Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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