11/30/2016

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : KATZ BASKIES LLC

Account Number : I20080000071 Phone : (561)910-5700

Fax Number : (561)910-5701

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GREENVU, LLC

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## **COVER LETTER**

то:	Registration So Division of Cor			
CHID:	Greenvu, L JECT:	LC		
SOB	BECT:	Name of Lin	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e retum ali correspo	indence concerning this matter	to the following:	
		Thomas O. Katz		
			Name of Person	
		Katz Baskies & Wolf PLL	С	
			Firm/Company	
		2255 Glades Road Suite 24	10W	
			Address	<del></del>
		Bocs Raton, FL 33431		
			City/State and Zip Code	•
		thomas.katz@katzbaskies.co	om to be used for future annual report notific	
For fu	irther information c	oncerning this matter, please co	·	cation)
Thom	nas O. Katz		561 910-5700 at ()_	
Name of Person Area Code Daytime Telephone Number		Telephone Number		
Enclo	sed is a check for th	ne following amount:		
<b>=</b> \$2	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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Greenvu, LLC				票舌	-11
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on Liability Company)	our records.)	- <del>2</del> 2 ω	
The Articles of Organization for this Limited L Florida document number L13000126958  This amendment is submitted to amend the following the content of the cont	<del></del> •	werc filed on 9/9/201	3	NOV 30 Ped 8: 41	
A. If amending name, enter the new name o	f the limited liab	ility company here:			
Sustainable Gardens, LLC					
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the design	ation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		6181 Hollows Lane			
		Delray Beach, FL 33484			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6181 Hollows Lane Delray Beach, FL 3	3484		<del>-</del>
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:			r records, enter th	e name of the	e new
New Registered Office Address:	6181 Hollows I	<del></del>			
		Enter Florida s	treet address		
	Delray Beach		, Florida <sup>33484</sup>		
		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 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

FAX No. 561-910-5701

P. 004

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

MGR = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
			Remove
			☐ Change
			□ Add
			□ Remove
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			□ Remove
			☐ Change
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V . . .

D. If smending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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	16 NOV 30 AH 8: WI	
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E. Effective date, if other than the date of filing:  (If no effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 60 Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fil document's effective date on the Department of State's records.	15,0207 (3)(b) sted as the	
If the record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the ear (b) The 90th day after the record is filled.	lier of:	
Dated November 30 2016  COL  Signature of a member or authorized representative of a member		
William A. Cocose  Typed or printed name of signee		
· · · · · · · · · · · · · · · · · · ·		
Page 3 of 3 Filing Fee: \$25.00		