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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Se Division of Co			
CT I'D T	DOT.	GRE	EN LUNG LLC	
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			DENNIS ARROYO	
			Name of Person	·
			Firm/Company	
			3563 PIXIE LANE	
			Address	
			SAINT CLOUD FL 34772	· · · · · · · · · · · · · · · · · · ·
		ר	City/State and Zip Code  FOMKA83@GMAIL.COM	
		E-mail address: (	to be used for future annual report ne	otification)
For fu	rther information o	oncerning this matter, please ca	all:	
	DENNIS	ARROYO	407 601-9731	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclos	sed is a check for the	he following amount:		
<b>₽ \$</b> 2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is emplosed

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 LU	NG LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
KILLER DISCOUNT LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	3563 PIXIE LANE		
(Principal office address MUST BE A STREET ADDRESS)	SAINT CLOUD, FLORIDA 34772		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:			
New Registered Office Address:			
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 agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and		

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 = Mark	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
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			☐ Remove

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ective date, if other than the d	ate of filing:		(optional	`
effective date is listed, the date must b	e specific and cannot be prio	r to date of filing or more th	an 90 days after filing	g.) Pursuant to 605.02
te: If the date inserted in this blockument's effective date on the Department.			uirements, this date	e will not be listed
record specifies a delayed e	ffective date, but no	ot an effective time	, at 12:01 a.m.	
ne sour day arter the recor				151 PAC
·	501.5			
May 1st	2015	·		MAY .
The 90th day after the recor	, 2015			MAY -5 PH 1: DRETARY OF STU LAHASSEE, FLO

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00