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COVER LIETTER

TO: Registration Se Division of Cor			
subject: <u></u>	reen Submar Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Mark J.	De Biase Name of Person	
	Green S	ubmarine LL(
	1525-A	The Greens Wa	ау
	Jackson	City/State and Zip Code	L 32250
	Jeannes E-mail address: (1	paulding bell Sp to be used for future annual report notific	uth.net
For further information co	oncerning this matter, please ca	all:	
Jeanne S	Person	at (<u>404</u>) <u>280-6</u> Area Code Daytime	6973 Telephone 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

<u>Green Submar</u>	ine LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	is as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company version of the Company vers	were filed on $09/29$	2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability".	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS		5 5 EB
Enter new mailing address, if applicable:	N/A	SSFE FL
(Mailing address MAY BE A POST OFFICE BOX)		- 3 -
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		1_
	, Florid	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

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 Title Address **Type of Action** Name Ragazzi Pazzi Irc 1525-A The Greens Way Jacksonville Beach, FL Remove _□ Change Mark J. De Blase 1525-A The Greens Way DAdd MGR Jacksonville Beach, FL ☐ Change ☐ Add ☐ Remove □ Change □-Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

_□ Change

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ective date, if other the	date must be specific and n this block does not m	cannot be prior to date eet the applicable st	QOI5 of filing or more than atutory filing requir	(optional) 90 days after filing.) ements, this date v	Pursuant to 605 will not be list	- 5.02 ted :
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te: If the date inserted in cument's effective date of record specifies a differ the 90th day after the	he record is filed.	2016.	effective time, a		on the earli	

Page 3 of 3

Filing Fee: \$25.00