

AUG/05/2015 WED 01:47 PM

Law Offices

FAX No. 9543517475

P. 001

L150001894913ABC5

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000189491 3)))



H150001894913ABC5

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : SANTUCCI, PRIORE & LONG, P.L.  
Account Number : I20090000107  
Phone : (954) 351-7474  
Fax Number : (954) 351-7475

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THE GREEN CLUB HOME SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

15 AUG -5 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 AUG -5 A 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 06 2015

S MASON

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H15000189491 3

THE GREEN CLUB HOME SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/13/2015 and assigned  
Florida document number L15000027945

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

COMPLETE ECO HOME SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1750 NORTH FLORIDA MANGO ROAD, #410

(Principal office address MUST BE A STREET ADDRESS)

WEST PALM BEACH, FL 33409

Enter new mailing address, if applicable:

1750 NORTH FLORIDA MANGO ROAD, #410

(Mailing address MAY BE A POST OFFICE BOX)

WEST PALM BEACH, FL 33409

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*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 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

FILED  
AUG - 5  
A 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H15000189491 3

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

H15000189491 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Michelle Sokoloff	1750 North Florida Mango Road	<input type="checkbox"/> Add
		#410	<input type="checkbox"/> Remove
		West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Change
AMBR	Susan Margaret Mintz	438 38th Street	<input type="checkbox"/> Add
		West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2015 AUG -5 A 8:55  
SECRETARY OF STATE  
PALM BEACH, FLORIDA

H15000189491 3

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

H15000189491 3

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed\

Dated August 3 2015

Signature of a member or authorized representative of a member

Joseph V. Priore, Esq., authorized representative of members

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

FILED  
2015 AUG -5 A 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H15000189491 3