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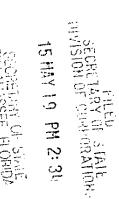
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## **COVER LETTER** -

Division of Corporations
SUBJECT: Andrea Green Span LLC Name of Limited Liability Company
The surface of Assistance C. Assistance and Co. (Nov. of Lock) and Lock Co. (The
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Andrea Greenspan Name of Person Firm/Company
119 Satinwood Lane Address
Palm Beach Jardens FL 33 41th  City/State and zip Code  andrea a andreag reen span. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
A h
marca Greenspan at (561, 310 9172
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scritificate of Status Sta
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

Andrea Greensp	an LLC				
( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)				
The Articles of Organization for this Limited Liability Company were filed on 423 15 and assi					
Florida document number <u>L150000 7-229, 2</u>	I J				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ty company here:				
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:	<u> </u>				
(Principal office address MUST BE A STREET ADDRESS)					
	파스 무 생활트 프린 글 -				
Enter new mailing address, if applicable:	2: RIA   No. 10   No.				
(Mailing address MAY BE A POST OFFICE BOX)	¥m F 55				
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new				
Name of New Registered Agent:					
New Registered Office Address:					
Now Registered Office Address.	Enter Florida street address				
	, Florida				
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is				

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 <u>Name</u> **Address Type of Action** Member □ Change Andrew Greenspan □ Change Satirusad Laul DAdd ☐ Change Amble Andrew freeuspan Satrwood Lave HAdd Kalm Bench Jardens, Fi 33410 Remove ☐ Change ☐ Remove □ Change

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Effective date, if oth	er than the date of file	ing:	(optio	onal)	າຂາດວະ
<b>Note:</b> If the date inser	rted in this block does no	t meet the applicable status	tory filing requirements, this	date will not be lis	ted a
document's effective d	date on the Department of	1 State's records.			
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				- 었스 국	
	Signature of	a member or authorized repro	esentative of a member	<u>:n</u> -≺	• •
	Signature of	a member or authorized repr	esentative of a member		2 :

Page 3 of 3

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