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SEPARTS FOR SIAIR

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COVER LETTER

· Div	ision of Cor	porations				
SUBJECT:	Green Hills International, LLC					
Solvii Ci.		Name of Lim	ited Liability Company			
The enclosed	l Articles of .	Amendment and fec(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Sophia Crosbie				
		Green Hills International, L	Name of Person LC			
Firm/Company 1704 Avenida del Sol						
		Boca Raton, FL 33432	Address			
		info@ghifoods.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report notif	ication)		
For further in	nformation co	oncerning this matter, please ca	all:			
Sophia Cro	_		561 339-2271 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	iling 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:

TO:

Registration Section

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 Hills International, LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company	y were filed on 7/13/15	and ass	igned
Florida document numberL-150000120194			_
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
N/A			
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designatio	n "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		10	
Enter new mailing address, if applicable:		74.1. Dec	: ::{}}
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	- 0 =	U
	<u> </u>	>	
 If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. 	office address on our r re:	ecords, enter the name	of the no
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida streci	address	
	<u></u>	Florida	
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Ricardo Keith	11 Lindsay Terrace, Kingston 10 Jamaica W.I	
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100% owner Sophia Ci	osbie						
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ective date, if other tha	n the date of fil				(ontional)	i	
reffective date is listed, the da	te must be specifie	and cannot be pric	r to date of filing	or more than 90 o	days after filing	.) Pursuant t	5 605.0
te: If the date inserted in (cument's effective date on	the Department o	of State's record:	cable statutory s.	ming requirem	ents, this date	will not be	Histor
record specifies a de	ayed effective	e date, but n	ot an effecti	ve time, at 1	2:01 a.m.	on the e	arlie
he 90th day after the	record is file	d.					
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