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COVER LETTER

| TO: . | Registration Se Division of Cop | | | , , , , , , , , , , , , , , , , , , , | | | |
|---------------------------------|------------------------------------|--|---|--|--|--|--|
| CUD IE | | Consulting Team, LLC | | Ç. | | | |
| 20D1EC | CT: | Name of Lim | ited Liability Company | | | | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please re | eturn all correspo | ndence concerning this matter | to the following: | | | | |
| | | Rolando Vazquez | | | | | |
| Name of Person | | | | | | | |
| Green Acre Consulting Team, LLC | | | | | | | |
| Firm/Company | | | | | | | |
| | | 1395 Brickell Avenue, Sui | te 800 | · | | | |
| | | | Address | • | | | |
| | | Miami, Florida 33131 | · | | | | |
| | | rv@greenacreteam.com | City/State and Zip Code | | | | |
| | | E-mail address: (| to be used for future annual report notif | ication) | | | |
| For furth | ner information co | oncerning this matter, please ca | all: | | | | |
| Rolando | Vazquez | | 786 5434254 at () | | | | |
| | Name of | f Person | Area Code Daytime | Telephone Number | | | |
| Enclosed | d is a check for th | ne 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

TO ARTICLES OF ORGANIZATION OF

| Green Acre Consulting Team, LLC | |) | | | |
|---|---|---|--|--|--|
| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our records. Liability Company) |) 33 32 | | | |
| The Articles of Organization for this Limited Liability Company L15000134230 Florida document number | were filed on | and assigned | | | |
| This amendment is submitted to amend the following: | | المُحْرِثُ | | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | | | | |
| GreenAcre Consulting Team, LLC | | | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" | or the abbreviation "L.L.C." | | | |
| Enter new principal offices address, if applicable: | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | 1395 Brickell Avenue, Suite 800 | , Miami, Florida 33131 | | | |
| Enter new mailing address, if applicable: | 1395 Brickell Avenue, Suite 800 |), Miami, Florida 33131 | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | enter the name of the new | | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| | Enter Florida street address | | | | |
| | , Flor | | | | |
| | 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | <u>Address</u> | Type of Action |
|-------|--------------------|---------------------------------|----------------|
| MGR | Stanislav Shamayev | 1395 Brickell Avenue, Suite 800 | a Add |
| | | Miami, Florida 33131 | |
| | | | ☐ Remove |
| | | **** | ☐ Change |
| MGR | Rolando Vazquez | 1395 Brickell Avenue, Suite 800 | □ Add |
| | | Miami, Florida 33131 | |
| | | | Remove |
| | | | ☐ Change |
| | | <u></u> | |
| | | | □ □ Remove. |
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| Effective date, if other than the da (If an effective date is listed, the date must be | specific and ca | annot be prior to | date of filing | or more than 90 | (optional) days after filing | g.) Pursua | nt to 60: | 5.0207 (|
| Note: If the date inserted in this block document's effective date on the Department. | does not me | et the applical | ole statutory f | iling requiren | ents, this date | will not | t be list | ted as t |
| document 3 effective date on the Depa | utilicit of Sta | ic s records. | | | | | | |
| the record specifies a delayed e | ffective da | te. but not | an effectiv | e time, at i | 12:01 a.m. | on the | earli | er of: |
| The 90th day after the record | d is filed. | , | | , a | | | | |
| March 28th | | 2016 | | | | | | |
| Dated | , | | _• | | | | | |
| 72/1 1/ | / | | | | | | | |
| Ells Va | enature of a me | mber or author | ized representa | tive of a memb | er | | | |
| | - | | • | | | | | |
| Rolando Vazquez | | | | | | | | |
| | Т | yped or printed | name of signe | e | | | | |

Page 3 of 3

Filing Fee: \$25.00