

LI5000134230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700292313817

12/01/16--01010--003 **25.00

FILED
16 DEC -1 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

DEC 6 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

GreenAcre Consulting Team, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROLANDO VAZQUEZ

Name of Person

GREENACRE CONSULTING TEAM, LLC

Firm/Company

1395 BRICKELL AVENUE, SUITE 800

Address

MIAMI, FL 33131

City/State and Zip Code

rv@greenacreteam.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rolando Vazquez

786

5434254

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

FILED
16 DEC -1 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**TO
ARTICLES OF ORGANIZATION
OF**

GreenAcre Consulting Team, 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 08/06/2015 and assigned
Florida document number L15000134230.

This amendment is submitted to amend the following:

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

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

ROLANDO VAZQUEZ

New Registered Office Address:

1395 BRICKELL AVENUE, SUITE 800

Enter Florida street address

MIAMI

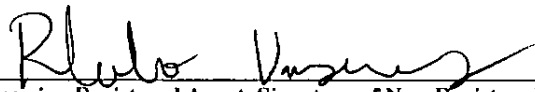
Florida

City

FILED
16 DEC -1 AM 10:02
TALLAHASSEE
SECRETARY OF STATE
33131

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Stanislav Shamayev	1395 Brickell Avenue, Suite 800	<input type="checkbox"/> Add
		Miami, Fl 33131	<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
			<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
DEC - 1 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated 11/23/2016, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
16 DEC -1 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA