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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor			
CHDIE	CT:		S BROS LLC	
SUBJE	CI		ited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		ALA	AIN VAN DOOSSELAERE	
			Name of Person	
		PERSONA	ALIZED BUSINESS SOLUTIONS	INC
			Firm/Company	
		18	800 SW 1ST AVE STE 306	
			Address	
			MIAMI, FL 33129	
			City/State and Zip Code	
			•	
		E-mail address: (1	to be used for future annual report notifi-	cation)
For furt	her information co	oncerning this matter, please ca	all:	
	PERSONALIZED BUSINESS SOLUTIONS INC Firm/Company 1800 SW 1ST AVE STE 306 Address MIAMI, FL 33129 City/State and Zip Code PERBUSSOL@AOL.COM E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: ALAIN VAN DOOSSELAERE ALAIN VAN DOOSSELAERE AT () Name of Person Area Code Daytime Telephone Number closed is a check for the following amount: \$25.00 Filing Fee			
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
□ \$25	.00 Filing Fee		□ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CALLENS BROS	LLC	
(Name of the Limited Liability Company of the Liability Compan	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on09/15/201	and assigned
Florida document numberL15000157210		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
EAT GREEN LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or	r 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	e address on our records.	enter the name of the ne
registered agent and/or the new registered office address here:		
		76
Name of New Registered Agent:	-	
New Registered Office Address:		R 2
	Enter Florida street address	
	, Floric	da 🚉 🔭
	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, enter the title, name, and address of each person or removed from our records:	being added
MGR = Manager AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00