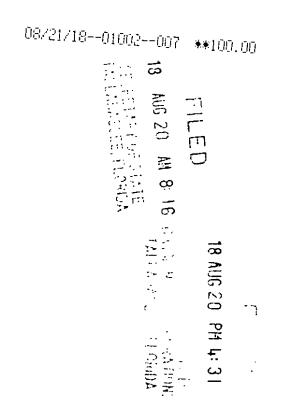
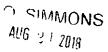
# 

(Red	questor's Name)	
(Add	dress)	<del> </del>
(Add	dress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only







## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Green Lago LLC				
<del></del>				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
,				Corp Record Search
				Officer Search
				Fictitious Search
Signature	<del></del>	<del></del>		Fictitious Owner Search
o.g				Vehicle Search
				Driving Record
Requested by: Seth	08/20/18			UCC   or 3 File
Name	Date	Time		UCC 11 Search
Manie	Date	THE		UCC 11 Retrieval
Walk-In Thomassine GA 8/00	Will Pick Up			Courier

#### **COVER LETTER**

	egistration Se ivision of Cor				
SURIFCT	GREEN LA				
SOBJECT	•		ited Liability Company		
The enclose	ed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		Mimi Bared			
			Name of Person		
		Bared & Associates, P.A.			
Firm/Company					
		201 Alhambra Circle, Suite	2 601		
			Address		
		Coral Gables, FL 33134			
			City/State and Zip Code		
		mimi@baredlaw.com			
		E-mail address: (to	o be used for future annual report noti	fication)	
For further i	information co	oncerning this matter, please ca	dt:		
Mimi Barec	i Bared 305 666-6010 at ()				
	Name of	Person		e Telephone Number	
Enclosed is	a check for the	e following amount:			
■ \$25.00 F	Filing Pee	□ \$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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREEN LAGO, LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company!	<del></del>
The Articles of Organization for this Limited Liability (	Company were filed on April 22, 2016	and assigned
Florida document number L16000079293	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADD)	RESS)	7.0 6
Enter new mailing address, if applicable:		16 20 F. C
(Mailing address MAY BE A POST OFFICE BOX)		图象 星
		5) do
		8 A
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, <u>e</u> ress here:	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	Ciţ	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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR ISAAC GREEN		201 Alhambra Circle, Suite 601	
		Coral Gables, FL 33134	■ Remove
			Change
			Remove
			Change
			Change
			□ Change ⊙
			O Add
		□ Remove	
			Change
<del></del>			
			☐ Remove
			Change
<del></del>	<del></del>		☐ Add
			□ Remove
			D Change

· · · · · · · · · · · · · · · · · · ·					
					_
	<del></del>	· <del></del>	<del></del>		
		<del></del>			_
····	<del></del>				
					_
		<del></del>			_
		<del></del>	<u> </u>		_
	<del></del>			6	
					- مع
<u> </u>					ر کی
<del></del>	<del></del>	<del></del>	<del></del>		70
<del></del>	<u> </u>			in the second	73
		. —			± -14 ( (₹
		<del></del>			711
<del></del>		<del></del>		····	_
<del></del>		<del> </del>			
			<del></del>		-
			<del></del>		-
				<del>_</del>	_
<del></del>	······				
Tective date, if other than the an effective date is listed, the date muote: If the date inserted in this blocument's effective date on the D	st be specific and cannot be ock does not meet the a	6, 2018  prior to date of filin pplicable statutor ords.	ng or more than 90 da y filing requiremen	(optional) ys after filing.) Pursuant to 60 its. this date will not be list	5.0207 ( ed as t
record specifies a delayed The 90th day after the rec	I effective date, bu ord is filed.	t not an effect	tive time, at 12	:01 a.m. on the earli	er of:
ted July 16,	2018				
	() I				
	KAK	<i>)   1</i>	/		
	Signature of a member of	204-12	ntative of a member		

Page 3 of 3

Filing Fee: \$25.00