L16000102382

(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

41 :0 KH 9- NON LIBZ



300305086643

11/07/17--01006--003 **36.00

FILED 17 NOV-6 PH I: I

O SIMMONS NOV 0.7 2017

COVER LETTER

TO: Registration Se Division of Cor			r Λ / /
SUBJECT:	Freer Au Name of Limi	to tarts Cl	Acura DC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ratac	Name of Person	<u>-</u>
	<u></u>	Firm/Company	
	2589 N	Orange R	olossom Trail
	Missimm	<u> </u>	3474/
	E-mail address: ()	to be used for future annual report notif	ication)
For further information of	oncerning this matter, please co	all:	
Ratacl Name o	Martinez-	at 434) 216- Area Code Daytime	C996 Telephone Number
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green Auto Pa	ompany as it now appears on our records.)
(A Florida Lim	ited Liability Company)
The Articles of Organization for this Limited Liability Comp	pany were filed on $5 - 35 \cdot 2016$ and assigned
Florida document number 16000 102382	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited The new name must be distinguishable and contain the words "Limited I	liability company here: 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	50
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> <u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, 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, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action Title Name** <u>Address</u> □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change S _□ Remove ☐ Change □ Add _□ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add _□ Remove _□ Change

		The	we	NG	MC	of	, (Orpo	ratio	N (24/
				.				· · · · · · · · · · · · · · · · · · ·			· /,
							-	_ ,			
							· · · · · ·				···
									· · ·		
				·	 						
										<u> </u>	
									<u> </u>	برات بازار بازار	1 1
			· · · · · · · · · · · · · · · · · · ·						<u>. </u>		
											P
n effective ote: If the	date is lis e date ins	sted, the da serted in t	te must be s	pecitic and loes not r	d cannot be neet the ap	oplicable sta	of filing or i	more than 90 ng require	(option) days after ments, this	filing.) Pur	suant to 605.0: not be listed
			ayed effore record			t not an e	ffective	time, at	12:01 a	.m. on t	the earlier
					,	·					
ted					, 0	4/5)				
ited			/	00	er	authorized re					

Page 3 of 3

Filing Fee: \$25.00