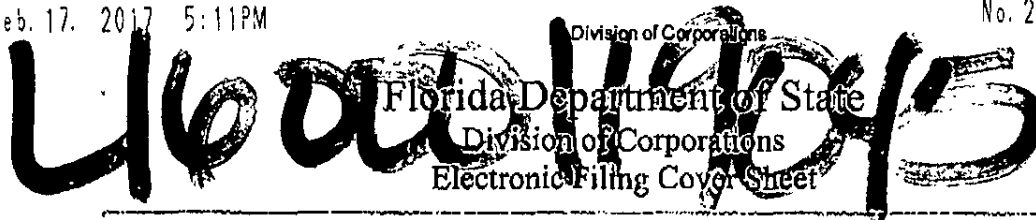


2/17 Feb. 17. 2017 5:11PM

No. 2783 P. 1



Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC  
Account Number : I20160000060  
Phone : (407)674-8969  
Fax Number : (407)674-8970

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MMA EXPERIENCE LLC**

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**S. YOUNG**

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Help

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
MMA EXPERIENCE LLC**

The Articles of Organization for this Florida Limited Liability Company were filed on 06/21/2016 and assigned Florida document number .

Florida document number: L16000119045.

**Article I**

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

**GREEN HEART SMART SOLUTIONS LLC**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Article II**

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**690 CELEBRATION AVE, STE 220, CELEBRATION, FL 34747**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**690 CELEBRATION AVE, STE 220, CELEBRATION, FL 34747**

**Article IV**

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

11:11  
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No. 2783 P. 3

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**


Title	Name	Address	Type of Action
AMBR	GIESELLE MARIA LLANOS	1909 MAE ST	REMOVE <input type="checkbox"/>
		ORLANDO, FL 32806	ADD <input checked="" type="checkbox"/>
Title	Name	Address	Type of Action
AMBR	ANDREA P PINHEIRO	1139 TAPESTRY DR.	REMOVE <input checked="" type="checkbox"/>
		CELEBRATION, FL 34747	ADD <input type="checkbox"/>

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: FEBRUARY 17, 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

DANILO SANTANA  
Typed or printed name of signee

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