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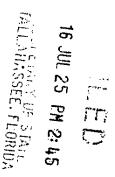
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COVER LETTER •

TO: Registration Section Division of Corporations GREEN EVIDENCE OF PALM BEACH LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Statement of Correction and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Luiz De Araujo Name of Person Firm/Company 17510 63rd Road N Address Loxahatchee, FL 33470 City/State and Zip Code LUIZ.FLHM@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Luiz De Araujo Name of Person Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

CR2E062 (9/15)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST	<u>r</u> : The n	ame of the limited liability company is: GREEN	EVIDENCE OF PALM B	EACH	LLC			
SECO THIR	<u>D</u> ;	The Florida Document number of the limited liab Document to be corrected is: L160001329	913		 <u>T</u>			
Ø	staten	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Please add the following as a Managing Member:						
	Da	nielle De Araujo, 17510 63rd Ro	oad N, Loxahatchee, F	L 3347	<u>'0</u>			
	<u>OR</u>							
		Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:						
				LAHASSEE	9 10 25			
	<u>OR</u>			F.CO.	A C			
	The e	lectronic transmission of the record was defective.		RIDA	45			
		Signature of Authorized Representative	Date					
-		ew registered agent, if applicable :(NOTE: if corrected designation).	cting the registered agent, the new re-	gistered ag	ent must sign			
I herel provis obliga reflect	by acceptions of tions of	ed Agent's Signature, if changing Registered Agent: of the appointment as registered agent and agree to all statutes relative to the proper and complete performy position as registered agent as provided for in Cae in the registered office address, I hereby confirm	act in this capacity. I further agree to ormance of my duties, and I am famil Chapter 605, F.S. Or, if this documen	iar with an it is being j	nd accept the filed to merely			
Registered Agent's Signature								
		Filing Fee: Certified Conv	\$25.00 \$30.00 (optional)					