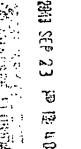
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

Division	of Corporations		
SUBJECT:	Flórida Greenland, LLC	X	
, o i // i		imited Liability Company	
The analoged Arti	eles of Amendment and fee(s) are s	ulmitted for filing	
Please return all o	orrespondence concerning this matt	er to the following:	
	L. Michael Osma	ın	
		Name of Person	
	L. Michael Osma	ın, P.A.	
		Firm/Company	
	1474-A West 84	Street	
	1474-N NC3C O4	Address	

	Hialeah, Florida	33014	
		City/State and Zip Code	
	LM01474@aol.co	OM	
	E-mail addres	s: (to be used for future annual report notif	ication)
For further inform	nation concerning this matter, please	e call:	
1.	. Michael Osman	at (305) 823-140 Area Code Daytime	1" E Telephone Number
	Name of Person	Area Code Dayumo	reteptione Number
Enclosed is a chec	ck for the 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:

TO:

Registration Section

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

	FILED		
Florida Greenland,	LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company) 240 SEP 23 P 2 48		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 16000150703</u> .	were filed on 08-11-2016 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	7747 N.W. 146 Street		
(Principal office address MUST BE A STREET ADDRESS)	Miami Lakes, Florida 33016		
Enter new mailing address, if applicable:	1474-A West 84 Street		
(Mailing address MAY BE A POST OFFICE BOX)	-Hialeah, Florida 33014		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

If a seending 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>	Address	Type of Action
Manager	Mitchel Sabina	77 6 7 N.W. 146 Street	XX Add
		Miami Lakes, florida 33016	□ Remove
			□ Change
Manager	L. Michael Osman	1474-A West 84 Street	XX Add
		Hialeah, Florida 33014	□ Remove
			Change
Authorized Representative Maurice Costa	6843 Main Street #302	□ Add	
		Miami Lakes, Florida 33014	KXRemove
			☐ Change
			Remove
		<u> </u>	☐ Change
			Remove
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ited	September	16	、	2019)				
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Page 3 of 3

Filing Fee: \$25.00