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COVER LETTER

TO:	Registration So Division of Co			
SUBJE	GREENW	ISE TREES, LLC		
SUBJE	CI	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		Marco Plyler		
			Name of Person	
		GREENWISE TREES, LI	.c	
			Firm/Company	··········
		7877 SW 102 Lane		= 2 4
			Address	
		Miami, FL 33156		26 P 26
•		Marcoplyler@gmail.com	City/State and Zip Code	16 SEP 26 PM 5: 16
			to be used for future annual report noti	fication)
For furth	ner information c	concerning this matter, please co	all:	<i>0</i> '
Tanya S	Stephens		303 720-9533	
	Name o	f Person	at () Area Code Daytimo	e Telephone Number
Enclosed	l 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)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREENWISE TREES, LLC.		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	oany were filed on 8/29/2016	and assigned
Florida document number L16000161753		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		一
		8 碧
Enter new mailing address, if applicable:		2 50
(Mailing address MAY BE A POST OFFICE BOX)		70
		3 50
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, here:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
new registered office radices.	Enter Florida street address	
	, Flori	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Tanya Stephens	7877 SW 102 Lane	
		Miami, FL 33156	■ Remove
			□ Change
			Add
			Remove
			☐ Change
			RSS
			□ Remove
			PA Change College
			Add 6 (\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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Effective date, if other than the date of (If an effective date is listed, the date must be speci Note: If the date inserted in this block does document's effective date on the Department	fic and cannot be prior to not meet the application	to date of filing or more table statutory filing re-	(optional) han 90 days after filing.) Pu quirements, this date will	rsuant to 605.0207 (3 I not be listed as th
the record specifies a delayed effect The 90th day after the record is f	ive date, but not iled.	t an effective time	e, at 12:01 a.m. on	the earlier of:
Dated	2016			
1/1/1/2		 •		

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Typed or printed name of signee

Filing Fee: \$25.00