

L16000188834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

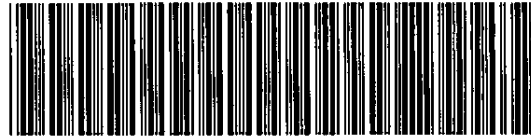
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2016 OCT 28 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

OCT 31 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Green Environmental Health Products LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ismael Gonzalez
Name of Person

Green environmental Health Products LLC
Firm/Company

5519 W Colonial Dr
Address

Orlando FL 32808
City/State and Zip Code

Moneyish10@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ialini Ashmeade at (342) 962-4028
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Environmental Health Products LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/17/2016 and assigned
Florida document number 116000188834.

This amendment is submitted to amend the following:

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

Green Environmental Health Products LLC.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5519 W Colonial Dr
Orlando FL 32808

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Lalini Ashmeade

New Registered Office Address:

5519 W Colonial Dr

Enter Florida street address

Orlando

City

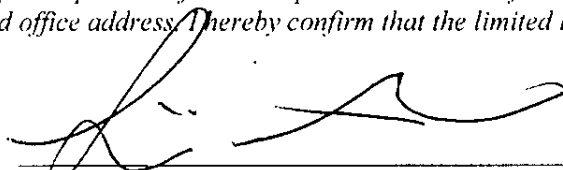
Florida

32808

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Ismael Gonzalez	5519 W Colonial Dr	<input type="checkbox"/> Add
		Orlando FL 32808	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lalini Ashmeade	5519 W Colonial Dr	<input checked="" type="checkbox"/> Add
		Orlando FL 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2015 OCT 28 PM 4:25
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TALLAHASSEE, FLORIDA

2016 OCT 12
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TALLAHASSEE, FLORIDA

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2016 OCT 28 PM 4:29
SECRETARY OF STATE
TREASURER OF FLORIDA
ITALIAHASEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated October 28, 2016

~~ex 28~~ . 2016.

Signature of a member or authorized representative of a member

Lalini Ashmcade

Typed or printed name of signee