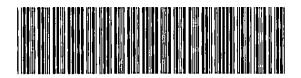
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	GEEN V	VAIL LLC ned Liability Company	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	WILFredoJ	PAREDES CASTI	11o
	GEE	WALL LLC Firm/Company	<u>.</u>
	1405 Lyon	NSHIPE Dr Address	
		Appel FL, 33 City/State and Zip Code	
	E-mail/address: (1	myparedes 99 @ o befused for future annual report noti	gmail Com
For further information	concerning this matter, please ca	II:	
Shandley	of Person	at (<u>\$13</u>) <u>466</u> Area Code Daytim	e Telephone Number
Enclosed is a check for	he following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	©\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

GEEM !	WAIL LLC	
(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li	ability Company were filed on <u>02/02/201</u> 26234	7 and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
GEEN	WALL LLC	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applications	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records, <u>ente</u> fice address here:	er the name of the new
		1
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address . Florida	
	- 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Change
.			Add
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Note: If the date	if other than the dat is listed, the date must be inserted in this block tive date on the Depar	does not meet	the applicable	ate of filing or mo statutory filing	(option of the control of the contro	onal) r tiling.) Pursuant to 605 s date will not be liste	.0207 (3) ed as the
	cifies a delayed ef y after the record		e, but not ar	n effective tii	ne, at 12:01 a	a.m. on the earli	er of:
Dated	aly 02	 2.	<u> 2018</u> .				
	Throng						
	Special	gature of a mem	ber or authorize	d representative of	f a member	-	

Page 3 of 3

Filing Fee: \$25.00