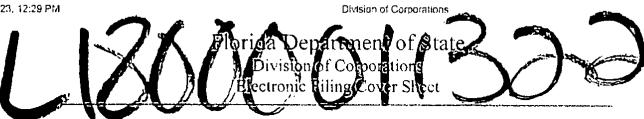
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

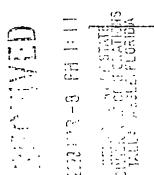
From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE GREEN BANANA CUISINE LLC

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Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

Page: 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE GREEN BANANA CUISIN	ELLC			
(Name of the Limit	ted Liability Comp: (A F.orida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L Florida document number L18000011322	iability Company	were filed on 01/12/2018	and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation "LLC" or the at	obreviation "L.L.C."	
Enter new principal offices address, if applie	cable:	13444 NW 38 CT		
(Principal office address MUST BE A STREET ADDRESS)		OPA LOCKA, FL 33054		
Enter new mailing address, if applicable:		13444 NW 38 CT	***************************************	
(Mailing address MAY BE A POST OFFICE BOX)		OPA LOCKA, FL 33054		
B. If amending the registered agent and/or agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:		ADDRESS CT Enter Florida street address	723 KAC - 8 JH	
	OPA LOCKA	, Florida ³³	054	

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.

Cuy

Zip Code

13053284774

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
AMBR RAMON E. HAZLEWOOD	13444 NW 38 CT	□ Add	
		OPA LOCKA, FL 33054	□Remove
			■ Change
			ClAdd
			□Remove
			□Change
			□Remove
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f an effective date is listed, the date mu		ling or more than 90 days after filing.) Pursuant to 605.0207 (
Note: If the date inserted in this bedocument's effective date on the D		ory filing requirements, this date will not be listed as
erecord specifies a delayed effective is filed.	re date, but not an effective time, at 12:0	Of a.m. on the earlier of: (b) The 90th day after the
03/08	2023	
Dated		
	C. Harlewood Signature 67 a member or authorized repre-	