(Requestor's Name)	<u>Le4(693</u>
(Address)	400320302944
(Address) (City/State/Zip/Phone #)	
Business Entity Name)	11/05/1801029020 **60.00
(Document Number)	* €
ertified Copies Certificates of Status	
Signature Office Use Only	55 Domeno

JAN 2 5 2019 D CUSH**ING**

COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: 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:

Name of Person JO St 22ndIorida 33178 Sanbiondo (a) gmail. Com E-mail address: (to be used for fylure annual report notification) 2 ----

For further information concerning this matter, please call:

Name of Person

inclosed is a check for the following amount:

3 \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fcc. 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

at (<u>954</u>) <u>3719409</u> Area Code Daytime Telephone Number



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 21, 2018

SUSSAN BIONDO GREEN SEA GROUP LLC 11417 NW 122ND ST MEDLEY, FL 33178

SUBJECT: GREEN SEA GROUP LLC Ref. Number: L18000064693

We have received your document for GREEN SEA GROUP LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 718A00023977



www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF	F AMENDMENT FO ORGANIZATION OF	
(A Florida Limited	TOUP LLC pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	hy were filed on $07/23/2018$ and assigned	ł
Florida document number <u>18000064693</u> .		
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	•.
the new name must be distinguishable and contain the words "Limited Lial	ro	
iter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	11417 NW 122 nd ST, Medley, FLOXIda 33178	
er new mailing address, if applicable: <u>iling address MAY BE A POST OFFICE BOX)</u>	11417 NW 122nd ST Medley, Florida 33178	
If amending the registered agent and/or registered tered agent and/or the new registered office address he	office address on our records, <u>enter the name of th</u> ere:	<u>іе пе</u> ж

11417 NW 122nd	<u>5†</u>
Enter Flor	ida street address
Medley	, Florida 33178
City	Zip Code
	Enter Flor Medley

gistered Agent's Signature, if changing Registered Agent:

² accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ns of all statutes relative to the proper and complete performance of my duties, and I am familiar with and 'he obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ed to merely reflect a change in the registered office address, I hereby confirm that the limited liability 'has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

IT 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>	Name	Address	Type of Action
MGR	Varesano Graup, UC	1801 NE 123 ST	🖸 Add
		313	Remove
		North Miami, FL 33181	
nGL	Investment Depot USA,	11417 NW 122nd ST,	🗹 Add
		Medley, FL 33178	Remove
			Change
GR	BH Investment USA.LIC	10710 NW 66th ST.	🖸 Add
		opt 406 , Doral FL 3317	
			Change
			\ Add
			Remove
		·····	Change
_			🖸 Add
			🛛 Remove
			Change
	€_^~		🗆 Add
			_ 🛛 Remove
			_ Change

n	If amending any other information	enter change(s) here	(Attach additional sheets, if necessary.)
<i>U</i> .	n anchung any other mornation	, enter enange(s) nere.	(material additional sheets, if heressing)

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fective date, if other than the date of filing: November 151, 2018 (optional) 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)

an effective date is listed, the date must be specific and cannot be prior to date of filing or more than $\overline{90}$ days after filing.) Pursuant to 605.0207 (3)(b) <u>ute:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records.

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.

Signature of a member or authorized representative of a member <u>n Brondo</u> Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00