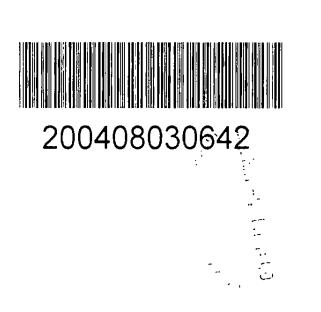
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	(Requestor	r's Name)		
	(Adaress)			
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	(Address)		<u> </u>	
	(City/State	/Zip/Phone #)	
PICK-UP		WAIT		MAIL
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Copies	_	Certificates	of Status _	<u>-</u>
I instructions to	Filing Offic	er:		
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Office Use Only



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COVER LETTER

TO:	Registration Sect Division of Corpo			
CHBIE	GREENPRO	S, LLC		
SUBJE	C1:	Name of Limi	ted Liability Company	
The enc	losed Articles of A	mendment and fee(s) are subi	mitted for filing.	
Please r	eturn all correspond	dence concerning this matter	to the following:	
		WILLIAM J SHERMAN		
			Name of Person	
			Firm/Company	
		429 TORTOISE TRACE		
			Address	 :
		ST JOHNS, FLORIDA 32	259	•
			City/State and Zip Code	
		SHERM4B2B@GMAIL.CO E-mail address: (o be used for future annual report notification)	
For furt	ther information co	ncerning this matter, please ca	all:	
WILLI	AM J SHERMAN		904 466-2558 at ()	, , ,
	Name of	Person	Area Code Daytime Telephone	Number
Enclose	ed is a check for the	e following amount:		
■ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, 8 Tallahassee, FL 32303	ee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

d Liability Company as it now appears on our records. A Florida Limited Liability Company))
	and assigned
wing:	
the limited liability company here:	
rds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
ble:	
ADDRESS)	
	•
3OX)	
gistered office address on our records, <u>enter t</u> s here:	he name of the new registo
Enter Florida street address	
, Flo	rida Zip Code
	rds "Limited Liability Company," the designation "LLC" ble: [ADDRESS] gistered office address on our records, enter to here: [Enter Florida street address], Florida street address]

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 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
MM	WILLIAM J SHERMAN	450-106 SR13 STE 438, ST JOHNS, FLORIDA 322.	59 ■ Adđ
			_ □Remove
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ctive date,	if other than the date	e of filing: pecific and cannot be prior to date of	(optic	onal)
e: If the date	e inserted in this block of	loes not meet the applicable sta	tutory filing requirements, this	s date will not be listed
ment's effec	ctive date on the Depart	ment of State's records.		
eard enacifie	s a doloved effective dat	e, but not an effective time, at	12:01 a.m. on the earlier of: (h) The 90th day after the
filed.	s a delayed effective dat	c, out not an encent e time, at	12.01 a.m. on the currer of. (o	, The your day unto a
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	.00.			
W	lliam L Sha	rman		