L18000269847

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	





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COVER LETTER

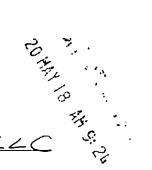
TO: Registration So Division of Cor			
SUBJECT: 6	Name of Lim	Tan Lorial Solited Liability Company	
	Amendment and fee(s) are sub-	-	Contraction of the second
Please return all correspo	ondence concerning this matter	to the following:	6
	Neal	Becanal Name of Person	20 Kin 18 22 1
	Green Clea	Firm/Company	Supplies LLC
	7541 /YE	3 d Place	<u> </u>
	Mami	City/State and Zip Code City/State and Zip Code City/State and Zip Code	<u></u>
	<u>abermar</u> E-mail address: (0	o be used for future annual report notice	Pers Com
For further information of	concerning this matter, please ca		
_Audra Name e	Berman of Person	at (<u>305</u>) <u>75/-</u> Area Code Daytime	2261 ext. 102 e Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9		Street Address: Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited	d Liability Company as it now appears on o	dr records.)
The Articles of Organization for this Limited Lia	bility Company were filed on	19/18 and assigned
Florida document number <u>4 /8 000</u>		,
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designa	tion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or registered office address		ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida su	ver adaress
	City	, Florida Zip Code
	~,	ange serves

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Henry Barreto	7591 NE 3 Ed Place	□Add
		Miami, FL 33138	ERemove
			DChange
<u>M6</u> R	Neal Berman	7541 NE 3 d Place	□Add
		Miam, FL 33138	Remove
			Change
A MBR	Audita Berman	7541 NE 3rd Place	CFAGO
		Miami, FL 33138	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			Change

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te: If	e date, if other than the date of filing:
cord s s filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t i.
ed	Signature of a member or authorized representative of a member
	Significant in member or authorized consisting of a mamber
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00