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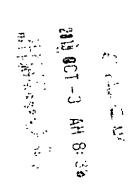
(Re	questor's Name)	<del></del>
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# **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of C	orporations		**************************************
PEMBRO SUBJECT:	OKE GREEN, LLC		
30bj.c1	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	O. C.
Please return all corresp	pondence concerning this matter	to the following:	·
	DORCAS TROCHE		
	RCG ACCOUNTING & A	Name of Person ASSOCIATES, INC.	
	9000 SHERIDAN STREE	Firm/Company T SUITE 138	
	PEMBROKE PINES, FL	Address 33024	<del></del>
	DORCAS@RCGACCOUN	City/State and Zip Code TTANTS.COM	<u></u>
		to be used for future annual report notific	ation)
For further information	concerning this matter, please c	all:	
DORCAS TROCHE		954 862-2222 at ( )	
Name	of Person	<del></del>	Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divisi	LING ADDRESS: tration Section ion of Corporations 3ox 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

### PEMBROKE GREEN, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Company were filed on $\frac{05}{2}$	/15/2019 and assigned
Florida document number L190001313-44	··· <u>·</u> ·	
This amendment is submitted to amend the fo	ollowing:	••
A. If amending name, enter the new name	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the o	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	CET ADDRESS)	
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent an	d/or registered office address or	our records, enter the name of the nev
registered agent and/or the new registered	office address here:	
Name of New Registered Agent:	PATRICIA A. COLLAZO	
New Registered Office Address:	9820 S HOLLYBROOK LAKET	DR #306
	Enter Flo.	ida street address
	PEMBROKE PINES	, Florida 33025
	City	Zıp 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 = Manager AMBR = Authorized Member

<u> Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PATRICIA A. COLLAZO	9820 S HOLLYBROOKE LAKE DR	Add
		APT 306 PEMBROKE PINES, FL 33025	Remove
·			Add
			Remove
			Change
		Remove	
		Change	
			Add
		Remove	
		Change	
		Add	
		Remove	
			Change
			Remove
			Change

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Effective date, if other than the dat If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	specific and cannot be pridoes not meet the ann		( <b>optional</b> ) ore than 90 days after filing g requirements, this date	
ne record specifies a delayed ef The 90th day after the record	fective date, but a is filed.	not an effective t	me, at 12:01 a.m.	on the earlier of:
Dated SEPTEMBER 27	2019			
Sign	ceca Gall	138	of a member	
· · · · · · · · · · · · · · · · · · ·	a concentration of	suminca representative :	ora member	<u>-</u>

Page 3 of 3

Filing Fee: \$25.00