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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	me)
(Do	ocument Number)	, ,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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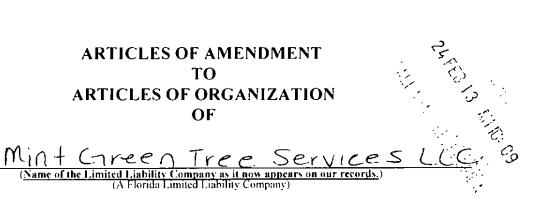
COVER LETTER

SOVER BETTER
TO: Registration Section Division of Corporations
SUBJECT: MINT Green Tree Service LLC 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:
Rychard Redd, CK
Mint Green Tree Service Firm/Company
6005 W. North St
Tampa FC 33634 City/State and Zip Code Rychard reddick@gmail.Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Denise Perez at (813) 810-3773 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\times \text{\$\subset} \text{\$\subseteq} \t

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L190001913</u> H	were filed on July 25, 201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Mint Green Enterpris The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applicable:	6001 Johns	Rd CTR
(Principal office address MUST BE A STREET ADDRESS)	Unit 510 Tampa, FL 33	3634
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	NIA	
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Code
	City	Zip 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
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			□Remove
			Change
			□Add
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<u>ote:</u> If th	date, if other the date is listed, the date inserted is effective date.	n this block doe	s not meet	the applica	o date of tiling ble statutory	or more than 9 filing require	(optiona 0 days after fili ments, this da	l) ng.) Pursuant to 6 ite will not be li	05.0207 isted as
record spo	ecifies a delayed	effective date,	but not an e	ffective tin	ne, at 12:01	a.m. on the ea	rlier of: (b)	The 90th day at	fter the
ated 7	Febru 33		\supset	1034 Stror author	rived represen	lative of a men	ber		

Filing Fee: \$25.00