12/11/2019

Division of Corporations



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(((H19000357138 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 : (305)541-3980 Phone

: (888)772-8108 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GREEN BORDER LLC

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREEN BORDER LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Lumite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L19000288510</u>	ny were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	21165 HELMSMAN DRIVE #G14 AVENTURA, FL 33180
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records center the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

2019-12-11 15:28:26 (GMT)

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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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MORENO VALADES, EDMUNDO	21165 HELMSMAN DRIVE #G14	∩ Add
		AVENTURA, FL 33180	□ Remove
			🖶 Change
MGR	RODRIGUEZ TROYO. ROBERTO	21165 HELMSMAN DRIVE #G13	Add
		AVENTURA, FL 33180	□ Remove
			Remove
			☐ Change
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

. If ar	H19000357138 3 nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
2 E86	ective date, if other than the date of filing:
/16	- Observe data is licted, the date must be specific and cannot be prior to date of filing or more than 90 days after filling.) Pursuant to 000,0207 to
Not doc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nument's effective date on the Department of State's records.
if the	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) T	the 90th day after the record is filed.
Da	DECEMBER, 10TH 2019
	Do to Dan man lines
	Signature of a member or authorized representative of a member
	Signature of a memory of authorized representative year months.
	ROBERTO RODRIGUEZ TROYO

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