## L20000068189

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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

CUBIECT.	GREEN H	P, LLC			
SUBJECT:		Name of Lin	nited Liability Company		<del></del>
The enclosed	Articles of A	amendment and fee(s) are sub	omitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		LIZ A JIMENEZ			
			Name of Person		
		L & J ACCOUNTING IN	С		
			Firm/Company		
		13499 BISCAYNE BLVD	SUITE M4		
			Address	-	<del></del>
		NORTH MIAMI, FL 3318	31		
			City/State and Zip Code		<del></del>
		INFO@LJACCOUNTING	INC.COM		
		E-mail address: (	to be used for future annual re	port notification)	<del></del> -
For further in	formation co	ncerning this matter, please c	all:		
	Name of	Person	at () Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
■ \$25.00 Fi		\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divis P.O.	ng Address: stration Se sion of Cou Box 6327 shassee, FL	porations	Division The Cent	dress: tion Section of Corporation tre of Tallaha Monroe Stree	ssee

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GREEN H P, LLC			
(Name of the Limited Liability Co (A Florida Lim	inpany as it now appears on o ited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Comp	pany were filed on $03.01.20$	)20	and assigned
Florida document number L20000068189			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited"	Liability Company," the designa	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			<del></del>
Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	· · · · · · · · · · · · · · · · · · ·	2010
15 15 abda.			0
Enter new mailing address, if applicable:			D
Mailing address MAY BE A POST OFFICE BOX)			€ 0
		-	9
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our record	ds, <u>enter the name</u>	of the new regis
Name of New Registered Agent:			
Name of New Registered Agent:  New Registered Office Address:	Enter Florida st	treet address	
<del></del>	Enter Florida st	treet address Florida	

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>	<u>Address</u>	Type of Action
MGR	PURCHE M., YARLINI		□Add
		13807 SW 51SR STREET, MIRAMAR, FL 33027	= Remove
			Change
MGR	PUCHE M, YARLYNI	13807 SW 51SR STREET, MIRAMAR, FL 33027	🗏 Add
			□Remove
			Change
			□Add
			□Remove
			🗆 Change
			□Add
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			□Change
			□Add
			□Remove
			□Change

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	Dated Leverage (alone)	
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CCDNANDEZ GABRIEL	FERNANDEZ GABRIEL	

Filing Fee: \$25.00