L20000 95525

(Red	questor's Name)	_
(Add	dress)	_
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(City	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
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COVER LETTER

	tegistration Se Pivision of Cor			P		
SUBJECT		Miami LLC	•			
560000		Name of Lin	nited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please retu	ırn all correspo	ondence concerning this matter	r to the following:			
		Sergio E Vera				
			Name of Person	-	-	
			Firm/Company		-	
		1029 NE 208TH STREET	٢			
			Address		•	
		MIAMI, FL 33179				
		greenbarmiami@gmail.con	City/State and Zip Code			
		E-mail address: (to be used for future annual report notification	n)		2(
For further	information co	oncerning this matter, please c	all:			170 SE
Sergio E V	'era		786 556 2963			~ 2 -
	Name of	Person	at () Area Code Daytime Telep	phone Number	\$2 5 1-	2020 SEP 22 PH 7:
Enclosed is	a check for th	e following amount:			#r. ;	. 09
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & E Certified Copy (additional copy is enclosed)	Certified	te of Status	s &

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 OF

Green Bar Miami LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L20000095525}{L20000095525}$	y were filed on 04/02/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the a	bbreviation "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)		_
D. If we will be the reciptored agent and/on reciptored office	address on our records enter the non	oo of the new registeres
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nan	ie of the new registered
Name of New Registered Agent:		2020 S
New Registered Office Address:		
	Enter Florida street address	7 N
	, Florida	Zip ⁽ Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	0,0

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 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
MGR	P.E.R. CONSULTING GROUP, IN	3136 NW 69 ST	■Add
		Fort Lauderdale, FL 33309	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□ Add Control Contro
			r· v o □Change
			Remove
			□Change
			□Add
			□Remove
			□Change

	
	
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Filing Fee: \$25.00