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TO: Registration Section

INHS18 (2/14)

Division of Corporations						
GREEN OCHO INVESTMENTS LLC SUBJECT:	GREEN OCHO INVESTMENTS LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office (Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this m	atter to the following:					
Luis Vivas						
Name of Person						
GREEN OCHO INVESTMENTS LLC						
Firm/Company						
7928 E Dr Apt 1204						
Address						
North Bay Village, Fl 33141						
City/State and Zip Code						
bachivi@gmail.com						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, plea	ase call:					
Luis Vivas	305 3020887 at ()					
Name of Person	Area Code & Daytime Telephone Number					
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					
Enclosed is a check for the following am	ount:					
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

i.	Na	ome of the limited liability company: GREEN OCHO	INVEST	M	ENTS LLC			
2	(a)			(B)				
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		iling address of limited liability company: Note: MAY BE POST OFFICE BOX)		
		7928 E DR , APT 1204			7928 E DR , A	APT 1204		
		NORTH BAY VILLAGE , FL 33141			NORTH BAY	/ VILLAGE, FL 33141		
		04/29/2022		ſ	.22000177989			
3.		Date of filing/registration in Florida	4.	_	D	ocument number		
5.	(a)							
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			2022 NO**			
		EPGD ATTORNEY AT LAW, P.A.				7		
		Registered Office Address (MUST BE FLORIDA STREET	ADDRE,	SS)				
		777 SW 37TH AVE STE 510				7 .		
		Miami , F	33135			A110: 49		
		,	L			.: 0.		
	(b)							
	` '	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	a d d	ress:			
		LUIS VIVAS						
	NEW Registered Office Address:							
7928 E DR, APT 1204								
		NORTH BAY VILLAGE , F	L					
If	the l	imited liability company is not organized under the la	aws of th	ne S	State of Flori	da, it is hereby confirmed that after the		
ch ag	ange ent v	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited le ere authorized by an affirmative vote of the members	e registe iability (rec cor	l office and t npany, it is h	he business office of the registered ereby confirmed that the change(s)		
		icles of organization or the operating agreement of the						
		2	LU	JIS	VIVAS			
_	Signa	ture of a member or authorized representative of a member			P	rinted or typed name of signee		
pr the to	ovisi 2 obi mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	gree to a e perfori ed for in ' hereby	ct i na Ci coi	n this capaci nce of my dui hapter 605, F yfirm that the	ty. I further agree to comply with the ties, and I am familiar with and accept S. Or, if this document is being filed I limited liability company has been		
Si	gnati	are of Registered Agent						

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