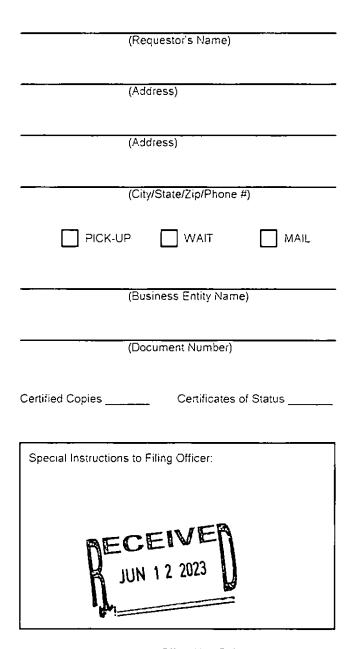
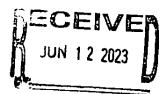
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Office Use Only



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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
	Green Sprin	g Management LLC	
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LISANDRA GAMBOA H	ERNANDEZ	
		Name of Person	_
		Firm/Company	
	2210 NW 92 AVE SUITE	E6	
	Doral, FL, 33172	Address	
	170(a), 112, 23172		
	lissigh86@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	ification)
For further information c	oncerning this matter, please c	all:	
LISANDRA GAMBÓA	HERNANDEZ	786 484 - 4116	
Name of Person		at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection
Division of Corporations		Division of Corporations	
P.O. Box 632 Tallahassee,		The Centre of T	Fallahassee be Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green Spring Management LLC			
(<u>Name of the Lim</u>	ited Liability Comp: (A Florida Limited	any as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited I Florida document number	Jiability Company	were filed on May 03.	and assigned
This amendment is submitted to amend the fol	lowing:		12 At
A. If amending name, enter the new name of	of the limited liab	oility company here:	AH 11: 2
Green Spring Behavior LLC			27
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	2210 NW 92 AVE SU	ITE E6 Doral, FL, 33172
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre	•	address on our record	s, enter the name of the new registered
Name of New Registered Agent: LISANDRA GAMBOA HERNANDEZ			
New Registered Office Address:			
		Enter Florida str	eet address
			, Florida
		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 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
VP	Isachi A Gomez Valle		□ Add
		470 Eldron DR Miami Spring, FL 33166 UN	D/dd
			= Remove
		<u> </u>	Change
MGR	Lilian Cabrera		□Add
		8267 NW 7th street Miami, FL 33126 UN	
			Remove
			□Change
VP 	Monica Vega	10798 SW 43 En Miami, FL 33165	= Add
			□Remove
			☐ Change
			□Add
			□Remove
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