## L23000340169

	(Requestor's Name)	
	(A.f.)	
	(Address)	
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	(City/State/Zip/Phone #)	
	(,,	
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



000413698020

OFFICE OF SECURIORS OF THE COMP.

R. HUNT 08/16/23



FLORIDA CAPITAL COURIER SERVICES, IN	IC		
2330 CLARE*DR			
TALLAHASSEE, FL 32309			
(850) 524–5437 / (850) 524–6243 / (850)	491–9625		
Please use funds from this acco	ount: I20210000160: \$60.00		
Authorization Signature:	Jan Julle:		
CGREEN QUALITY PROPERTIES LLC	C () L23000340169		
BUSINESS NAME	DOCUMENT #		
_X_Certified Copy			
_X_Certificate of Status		2023	VIO.:
NEW FILINGS	<u>AMMENDMENTS</u>	23 AUG 16	SCORE LARY SIGN OF CO
Profit Corp	_x_Amendment	P:	90 130 100 0 100 0
Not for Profit	Resignation of R.A. Officer/Director	PH 12: 40	SX01173 3171
Limited Liability	Change of Registered Agent	Ō	)X/
Domestication	Revocation of Dissolution		
LLLP	Merger		
CORP	Articles of Conversion		
Other	Restated Articles of Incorporation		
Other	Statement of Authority		
OTHER FILINGS	REGISTERATION/QUALIFICATIONS		
Apostille	Foreign filing		
Country	Reinstatement		
Annual Report	Qualification		

\_\_Other

EXAMINER'S INITIALS:\_\_\_\_

\_\_\_Fictitious Name

## **COVER LETTER**

**Division of Corporations CGREEN QUALITY PROPERTIES LLC** SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Carmoni Green Name of Person **CGREEN QUALITY PROPERTIES LLC** Firm/Company 7420 NW 9TH ST Address PLANTATION, FL 33317 City/State and Zip Code Admin@cgreenqualityproperties.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 655-8626 Carmoni Green Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

CGREEN QUALITY PROPERTIES LLC			
( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	as it now appears on our records.) ility Company)		
The Articles of Organization for this Limited Liability Company we Florida document number L23000340169	re filed on 07/18/2023	and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	y company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrev	iation "L.L.C	C."
Enter new principal offices address, if applicable:			<del></del>
(Principal office address MUST BE A STREET ADDRESS)		2023	<u></u>
		A.	<u> </u>
_		<u> </u>	
Data a successive and describe a black to		6	000 000 000 000 000 000 000 000 000 00
Enter new mailing address, if applicable:		3	
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>	<u>≥-=-</u>
<u>-</u>		<u> </u>	<u> </u>
			•/1
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	lress on our records, enter the name of	the new 1	registered
agent and/or the new registered office duditess here.			
Name of New Registered Agent:			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	Enter Florida street address		
	Flanida		

## 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

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
AMBR	Charlesia Green	2905 NW 98TH ST	□Add
		MIAMI, FL 33147	■Remove
			Change
AMBR	Carmeshia Green	2905 NW 98TH ST	□ Add
		MIAMI, FL 33147	■ Remove
			Change
MGR ———	Carmela Ross	2905 NW 98TH ST	□Add
		MIAMI, FL 33147	■ Remove
			□Change
			□Add
		······································	□Remove
			□Change
			DIVISION TO Remove A
			6 PR hange 214 6
			☐ Remove
			□Change

Effective date, if other than the date of filing:  [an effective date, if other than the date of filing:  [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020  Note:  [but the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  [correctly date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  [correctly date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the date inserted and applicable statutory filing requirements.  [correctly date in service date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020  [correctly date is listed.]  [correctly date is list											<del></del>		•
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Filing Fee: \$25.00