(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

15 NOV 30 PM 2: 57

SECRETARY OF STATE TALL MASSEE, FLORIDA

November 6, 2015

FEDERICO INTRIAGO 9705 NW 108TH AVE, STE 19 MIAMI, FL 33178

SUBJECT: GREEN PLANT.LLC Ref. Number: M15000008183

We have received your document for GREEN PLANT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 115A00023550

SEGREDARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Green Plant Name of Foreign L	imited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are	submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Tederico Intriago Name of Person	<u> </u>
Green Plant ILC	
Firm/Company	
9705 NW 108th Ave Ste 1	SECRETARY OF ARLAHASSEE:
Hami, Fl 33178 City/State and Zip Code	P STA
accounting a green Plant miami-co E-mail address: (to be used for future annual rep	oort notification)
For further information concerning this matter, ple Tedorico Intricego at Name of Person	ase call: (305) 3979394 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$\sum \\$25 \text{Filing Fee} \sum \\$30 \text{Filing Fee & Certificate of Status}	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

CR2E055 (9/15)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability, Company as it appear	rs on the records of the	Florida Department	t of	
State: Groon Plant 11	<u>, </u>			-
Enter new principal office address, if applicable:	9705 NW	108th AUR		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Suite 19	Hiami, Fl	81718	
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)				
2. The Florida document number of this limited lie	ability company is:	M15000008	3183	
3. Jurisdiction of its organization:	(ૄ	_ _		
4. Date authorized to do business in Florida:	205-51-0		- Se - 25	
SECTION II (5-9 complete only the applicable	changes)		ORE:	-
5. New name of the limited liability company: (must	st contain "Limited Lia	ability Company, " "	L.L.S. Cor LL	.c."
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	maging members adop			
6. If amending the registered agent and/or register registered agent and/or the new registered office a		our records, enter the	name of the ne	<u>w</u>
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida Street Ad		
	City	, Flori	daZip Code	
New Registered Agent's Signature if changing Re	egistered Agent			

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.

			in accordance with 605.0902 (1)(e), indicate tha	
Title/ Capacity	<u> </u>	lame	<u>Address</u>	Type of Actio
pinader	Tationa	Persach	9705 NW 108th Ave ste 19	Add Add
			Y10mi, 7/33178	Remov
				Add
				Remo
<u> </u>				Add
			SECRETARY OF A HASSEE	Remov
			5.50	Remove
				^ Add
				Remov
aforementic	oned amendment	(s), duly authenticated f which this entity is o	90 days old, evidencing the by the official having custody of records in the rganized	e

Filing Fee: \$25.00