N08000007812

(Re	equestor's Name)	
	/d-man	
(AC	ddress)	
(Ac	ddress)	
	ty/State/Zip/Phone #)	
(CI	ty/State/Zip/Phone #)	
		_
PICK-UP	☐ WAIT	MAIL
(D)	usiness Entity Name)	
(6)	asiness Entity Ivaine)	
(Do	ocument Number)	
	40 4	
Certified Copies	Certificates of	Statue
Certified Copies	_ Certaicales of	Status
Special Instructions to	Filing Officer	
oposiai monacijoms to	· · ··································	





900139156749

01/22/09--01019--021 **35.00

Amens

09 JAN 21 PM 3: 31

TRODERS JAN 22 2009

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORP	ORATION:	green, Ir	\ <u>C</u>
DOCUMENT NUM	MBER:		
The enclosed Articl	es of Amendment and fee a	are submitted for filing.	
Please return all cor	respondence concerning th	_	
	Timothy	Garito of Contact Person)	
	(Name	of Contact Person)	
	Citio	reen, Inc	
	(-	
	3016 Mai	(Address)	
		(Address)	
	Orlando	FL 32806 State and Zip Code)	<u> </u>
For further informat	tion concerning this matter,		
Timothy	Gacito of Contact Person)	at (<u>407</u>) <u>228</u> (Area Code & Daytime	-8377 Telephone Number)
Enclosed is a check	for the following amount r	nade payable to the Florida Dep	partment of State:
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci	ircle

Tallahassee, FL 32301

Articles of Amendment

to Articles of Incorporation of

(Name of Corporation as currently filled with the Florida Dept. of State) (Document Number of Corporation (if known) arsuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adds following amendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: If amending "Corp." or "Inc." "Company" or "Co." may not be used in the name. Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) (City)	Citique	en, INC.	JAN 21 PM 3:31
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered Agent: New Registered Agent's Signature, if changing Registered Agent: Refollowing amendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: If amending mame, enter the new name of the corporation: If amending mame, enter the new name of the corporation: If amending office address, if applicable: (Mailing address MUST BE A STREET ADDRESS) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida (City) (Zip Code) Tam familiar with and accept the obligations of	(Name of Corporation as curr	rently filed with the Florida Dept. of S	tate)
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered Agent: New Registered Agent's Signature, if changing Registered Agent: Refollowing amendment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: If amending mame, enter the new name of the corporation: If amending mame, enter the new name of the corporation: If amending office address, if applicable: (Mailing address MUST BE A STREET ADDRESS) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida (City) (Zip Code) Tam familiar with and accept the obligations of	(D	when second and (if leaves)	
If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: If amending name, enter the new name of the corporation: If amending must be distinguishable and contain the word "corporation" or "incorporated" or the breviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. Enter new principal office address, if applicable: Incipal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida (City) (Zip Code) Tam familiar with and accept the obligations of	(Document Nur	mber of Corporation (if known)	
the new name must be distinguishable and contain the word "corporation" or "incorporated" or the breviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) (City) (Zip Code) The Registered Agent's Signature, if changing Registered Agent: are positioned agent. I am familiar with and accept the obligations of the content of the new proportion of the proportion o			<i>Profit Corporation</i> adop
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida (City) (Zip Code) We Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of	If amending name, enter the new name of	of the corporation:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) (City) The Florida (City) Registered Agent: are gistered Agent: are gistered Agent: are gistered Agent. I am familiar with and accept the obligations of			corporated" or the
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent:			
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: (Florida street address) Florida (City) (Zip Code) Registered Agent's Signature, if changing Registered Agent: nereby accept the appointment as registered agent. I am familiar with and accept the obligations of	Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	e: ICE BOX)	
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: (Florida street address) Florida (City) (Zip Code) Registered Agent's Signature, if changing Registered Agent: nereby accept the appointment as registered agent. I am familiar with and accept the obligations of			
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: (Florida street address) Florida (City) (Zip Code) Registered Agent's Signature, if changing Registered Agent: nereby accept the appointment as registered agent. I am familiar with and accept the obligations of			
Name of New Registered Agent: New Registered Office Address: (Florida street address) , Florida (City) (Zip Code) w Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of			nter the name of the
(City), Florida, Florida, City) (Zip Code) w Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of			
(City), Florida, Florida, City) (Zip Code) w Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of			
(City) (Zip Code) w Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of	New Registered Office Address:	(Florida street address)	
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of	•	(21.)	
nereby accept the appointment as registered agent. I am familiar with and accept the obligations of		(City)	(Zip Code)
	hereby accept the appointment as registered sition.	d agent. I am familiar with and acc	ept the obligations of t

Page 1 of 3

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) **Title** <u>Name</u> **Address Type of Action** _ 🗖 Add □ Remove 🔲 🗖 Add ☐ Remove Add Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary).

- (E) Said organization is organized exclusively for charitable, educational, and/or scientific purposes under section 501(c) (3) of the Internal Revenue Code.
- (F) No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof.
- (G) Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c) (3) of the Internal Revenue Code, or shall be distributed to the federal government, or to a state or local government, for a public purpose.

 The date of each amendmen	t(s) adoption:
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dis	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
DatedSignature_	1/13/09
(By	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)
	Timothy Garito (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	chairman
	(Title of person signing)

Page 3 of 3