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| | Registration Sec Division of Corp | | | | | | | |
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| > 1 1 2 4 1 <i>6</i> | West Green | Anguilla LLC | | | | | | |
| SUBJEC | .l: | Name of Limite | ed Liability Company | | | | | |
| | | Amendment and fee(s) are submedence concerning this matter to | | | | | | |
| r icase re | turn an correspon | Paul Weimer | , and a | | | | | |
| | | Tadi Welliel | Name of Person | | | | | |
| | | | Firm/Company | | | | | |
| | | 960 NE 95th Street | | | | | | |
| | | Miami, FL 33138 | Address | | | | r~) | |
| | | prw1318@gmail.com | City/State and Zip Co | ode | | 11VI. | | |
| For furt | her information c | E-mail address: (to oncerning this matter, please ca | o be used for future and | nual report notification |) | NII S | 2000 J | ************************************** |
| Paul W | | oneconing and and | 917 at () | 459-5480) | | | ٦: H | garace garace |
| | Name o | f Person | Area Code | Daytime Telep | hone Number | F#A | S S | |
| Enclose | ed is a check for the | he following amount: | | | | | | |
| ≡ \$2: | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Certified Cop (additional copy | ру | Certified C | of Status & | | |
| | Mailing Addre Registration | | | e <u>et Address:</u> gistration Section | | | | |

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

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| West Green Anguilla LLC | | |
|--|--|------------------------------|
| (<u>Name of the Limited Liabilit</u> (A Florida | y Company as it now appears on our records. Emuted Liability Company) | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 1/21/2022 | and assigned |
| Florida document number 1.22000040879 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | |
| Peace & Happiness Anguilla LLC | | |
| The new name must be distinguishable and contain the words "Limi | ted Liability Company," the designation "LEC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u>s</u> 26 |
| (Principal office address MUST BE A STREET ADDR | ESSS) | 72 TA |
| | | TO WITH |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u> </u> |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, enter th | e name of the new register |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Flori | da |
| | 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 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> | Name | Address | Type of Action |
|--------------|------|-------------|---|
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