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To:

Division of Corporations

Fax Number : (8

: (850)617-6383

From:

Account Name : GREENLIGHT FINANCIAL LLC

Account Number : I2024000008 Phone : (305)860-5970

Fax Number : (305)440-0786

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Faguintanila @ Greenlightfinancial net

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STRATA GARMENTS. LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	lied I lability Comp.					
COMME SE FILE SALE	(A Florida Limited	any as it now appears on our Liability Company)	IXVIUL)			
The Articles of Organization for this Limited Florida document number L10000002013	Liability Company	were filed on 01/06/2010		and ass	signed	
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited liab	ellity company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	"LLC" or the abbrev	istion "L	.L.C."	-
Enter new principal offices address, if applicable:		7480 SW 40TH ST, STE	810			
(Principal office address MUST BE A STREET ADDRESS)		MMIAMI, FL 33155				_
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>	7480 SW 40TH ST, STE MIAMI, FL 33155	810			<b>-</b>  
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office : :ss here:	nddress on our records, g	enter the name of	the nev	HH PARTY	
Name of New Registered Agent:	GREENLIGHT	FINANCIAL LLC		: : :	7 2	
New Registered Office Address:	7480 SW 40T1	IST, STE 810		7.0 7.0	o	in
		Enter Florida street	oddress	· · · · ·	1 2:	Ū
	MIAMI		_, Florida 33155	- 57	.;. 2	
		City	2	ip Code	Ö	-

## 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

MGR = Manager

## H240001854263

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Title Name Address Type of Action \_\_ DRemove \_\_\_\_\_ 🗆 Add \_\_ 🗆 Remove \_\_\_\_\_ Change \_\_\_\_\_ □Change \_\_\_\_\_\_ DAdd \_\_\_\_\_ □Remove \_ 🗆 Remove \_\_\_\_\_ 🗀 Change \_\_\_\_\_ □AbA□ \_\_\_\_\_ □Remove

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\_\_\_\_\_ Change

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record specifies a delayed effi	Tective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ler the
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MAY IS	. 2024	
	7/MV)	
MAY IS	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00

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