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## COVER LETTER

Registration Section

Division of Corporations

TO:

	B GREEN, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Name of Person	
	The Munizzi Law Firm		
		Firm/Company	
	101 N. Woodland Blvd., S		
	<del></del>	Address	
	DeLand, FL 32720		
		City/State and Zip Code	
	David@munizzilaw.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Justin S. Munizzi		407 501-5500 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 AUG 25 PH 4: 18

BUILD 2 B GREEN, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.) SECRETARY OF STATE (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	03/15/2010	and assigned
Florida document number L10000029057			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company	here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," tl	ne designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on ou	r records, <u>ente</u>	r the name of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address , Florida		
	City	·	Zip Code
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete			

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

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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Lee Munizzi	890 E. State road 434	
		Suite 2000	≣Remove
		Altamonte Springs, FL 32714	□Change
MGR	Alan Cohn	890 E. State road 434	□ Add
<u> </u>		Suite 2000	
		Altamonte Springs, FL 32714	= Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
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Effective date, if other than the fan effective date is listed, the date me Note: If the date inserted in this locument's effective date on the	ust be specific and caunot be p block does not meet the ap	prior to date of filing or plicable statutory file		ing.) Pursuant to 605.0207
record specifies a delayed effects d is filed.	ve date, but not an effective	ve time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
August	2021	<u> </u>		
Alan Cohn Alar Cohn (Aug 20, 100) 10 3 1 ED	<del></del>			
	Signature of a member or a	uthorized representative	e of a member	
	+- <b>g</b>	•		