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18 AUG 24 AM 11: 30
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COVER LETTER

	tration Secti on of Corpo				
	REEN IMA	GE SERVICES "LLC"			
SUBJECT:		Name of Limit	ed Liability Company		
The enclosed A	articles of Ar	nendment and fee(s) are subm	nitted for filing.		
Please return al	ll correspond	ence concerning this matter to	o the following:		
		David Melvin			
			Name of Person		
		Fresh Legal Perspective.	PL		
			Firm/Company		
		6930 W. Linebaugh Aven	ue		
			Address		
		Tampa, FL 33625			
			City/State and Zip Code		
		contact@BLTFL.com	be used for future annual repo	rt notification)	
For further info	ormation con	cerning this matter, please ca		Thomsalon,	
David Melvin			813 448-10)42	
	Name of P	erson	at () Area Code D	aytime Telephone Number	
Enclosed is a c	heck for the	following amount:			
■ \$25.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	n Certified C	of Status &

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

18 AUG 24 AM II: 30
TALLAMASSE, FLORIDA

GREEN IMAGE SERVICES "LLC"

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

The Articles of Organization for this Limited Liability Company we	ere filed on 03/28/2012	and assigned
Florida document number L12000042709		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
GREEN IMAGE SERVICES, LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
_		
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 office registered agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>e</u>	nter the name of the new
Name of New Registered Agent.	······································	
New Registered Office Address:	Enter Florida street address	
	, Florid	a Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac	erformance of my duties, and I ovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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>	<u>Name</u>	Address	Type of Action
AMBR	MARISOL D VENTA	3416 W PALMETTO ST	■ Add
		TAMPA, FL 33607	□ Remove
			Change
			Add
			☐ Remove
			Change
			ALLA REMOVE TO STORY
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Dated 5	81720	ગજ	_						
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00