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| Special Instructions to | Filing Officer: | |
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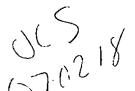
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COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|---------------|------------------------------------|--|---|--|
| SUBJ | MILAGRE | EN LLC | | |
| 301541 | | Name of Lim | ited Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | ROSI ALVES | | |
| | | | Name of Person | |
| | | TAX SOLUTIONS & bOO | OKKEEPING LLC | |
| | | | Firm/Company | |
| | | 7751 KINGSPOINTE PA | ARKWAY - SUITE 119 | |
| | | | Address | |
| | | ORLANDO - FL - 32819 | | |
| | | | City/State and Zip Code | |
| | | TAX.SOLUTIONS100@G | | |
| | | E-mail address: () | to be used for future annual report notifi | cation) |
| For fur | ther information co | oncerning this matter, please ca | all: | |
| MIGU | EL DE OLIVEIRA | | 407 467-8843 | |
| | Name of | Person | at () Area Code Daytime | Telephone Number |
| Enclose | ed is a check for th | e following amount: | | |
| ≅ \$23 | 5.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

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

| | | GREEN LLC | | |
|---|--|--|-------------------------|-----------------------|
| (Name of the Lin | nited Liability Comp (A Florida Limited | any as it now appear Liability Company) | s on our records.) | <u> </u> |
| The Articles of Organization for this Limited lorida document number L12000066022 | Liability Compan | y were filed on | 05/16/2012 | and assigned |
| his amendment is submitted to amend the fo | llowing: | | | |
| . If amending name, enter the new name | of the limited lia | hility company he | <u>re</u> : | |
| N/A | | | | |
| he new name must be distinguishable and contain the | words "Limited Liab | ility Company," the d | esignation "LLC" or the | abbreviation "L.L.C." |
| nter new principal offices address, if appl | icable: | N/A | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | | | |
| | | | | |
| Enter new mailing address, if applicable: | | N/A | | |
| • • • | E 0.010 | - | | |
| Mailing address MAY BE A POST OFFICE | <u>e BOX)</u> | | | |
| 3. If amending the registered agent an egistered agent and/or the new registered | | | our records, ente | |
| Name of New Registered Agent: | N/A | | | JUN 29 AHAS |
| New Registered Office Address: | N/A | | | me me |
| - | | Enter Flor | ida street address | 1 2: FL0 |
| | | | , Florida _ | 골살 5 |
| • | | 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> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------------|--------------|--|
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| ective date, if other than the effective date is listed, the date mu | e date of filing: st be specific and cannot be prior to date o | | tional) er filing.) Pursuant to 605.020 |
| e: If the date inserted in this b ument's effective date on the D | lock does not meet the applicable state | tutory filing requirements, the | nis date will not be listed a |
| amon someoniv date on the p | oparation of state 5 records. | | |
| ecord specifies a delaye | d effective date, but not an ef | ffective time, at 12:01 | a.m. on the earlier |
| he 90th day after the rec | | • | |
| JUNE 25 | 2018 | | |
| ed | · · · · · · · · · · · · · · · · · · · | | |
| 1.7 | 1 /// | | |
| <u></u> | Signature of a member or authorized rep | presentative of a member | |
| | | | |