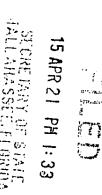
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Office Use Only



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COVER LETTER

Division of Cor	porations	*	
SUBJECT: IGreen B	rands, LLC		
SOBSECI:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Phillip E. Koehnke, E	Esq.	
		Name of Person	
	Phillip E. Koehnke, A	APC	
	-	Firm/Company	
	PO Box 235472		
		Address	- ···
	Encinitas, CA 92023	•	
		City/State and Zip Code	
	pek@peklaw.com		
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	ત્રી:	
Phillip E. Koehnke,	, Esq.	858 229-8116	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Plorida document number <u>L15000029103</u>	ty Company were filed on February 16, 201	5 and assigned
his amendment is submitted to amend the following	g:	
L. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and end with 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 AL	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	2	
3. If amending the registered agent and/or registered agent and/or the new registered office a		ter the name of the ne
Name of New Registered Agent:		N 2
New Registered Office Address:	Enter Florida street address	Sign Parties
	, Florida	Comment (many
New Registered Agent's Signature, if changing Regist	City	S - Up Gae

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MJNA Holdings, LLC	12975 Brookprinter Place, #160	□ Add
	UTILA INVESTILATI	Poway, CA 92064	■ Remove
MGR	MANA INVESTMENT HOLDINGS, LLC	2975 Brookprinter Place, #160	= Add
		Poway, CA 92064	Remove
			□ Remove
	w-85-1		□ Add
			15move
			□ Add
			Remove

f amending any other information, enter change(s) here: (Attach addition)	onal sheets, if necessary.,
*	
ffective date, if other than the date of filing: he effective date must be specific, cannot be prior to date of receipt or filed date and cannot be date this document is filed by the Florida Department of State)	(optional) be more than 90 days after
Dated April 10, 2015	
Michelle Sides Typed or printed name of signer	OI & Member

Page 3 of 3

Filing Fee: \$25.00

15 APR 21 PH 1: 38
SECREBARY OF STATE
TALLAHASSET FLOOR