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A. RIVERS

JAN - 5 2023



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COVER LETTER

Registration Section

TO:

Division of Corporations	·
SUBJECT: GREENE 5	Name of Limited Liability Company
The enclosed Articles of Amendment and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
<u>501</u>	Name of Person
_GEE	FIRM/Company
540	GREENE ST, STE# 3
KEY	WEST FV. 33040 City/State and Zip Code
<u>sandr</u>	abousimano e amail. com pail address: (to be used for future annual report notification)
For further information concerning this mat	
SAMPRA QUSIMANO	at (305) 923-1263 Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amou	pt:
□ \$25.00 Filing Fee □ \$30.00 Filing Certificate	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	Liability Compan	v as it now appears	on our records.)		
(X)	Florida Limited L	ability Company)			
The Articles of Organization for this Limited Liabi	ility Company v	were filed on	3-30-2015	<u>5</u> an	d assigned
Florida document number _L15000056	240				
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liabi	ity company her	<u>re</u> :		
The new name must be distinguishable and contain the words	s "Limited Liabili	ty Company," the de	signation "LLC" or the ab	breviatio	on "L.L.C."
Enter new principal offices address, if applicabl	e:	 			· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET A	(DDRESS)				
		-	• •		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>				
B. If amending the registered agent aod/or regis	stered office a	ddress on our re	cords, <u>enter the nam</u>	e of the	e new registered
agent and/or the new registered office address h	ere:				
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:		D 01 4	 		
		Enter Flori	la street address		<u></u>
_		Cia	, Florida		
		City		zip C	CO CO
New Registered Agent's Signature, if changing Regi	istered Agent:				
I hereby accept the appointment as registered a provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the reg	and complete pred agent as p	performance of r rovided for in C	ny duties, and I am j hapter 605, F.S. Or,	familiai if this	r∰th and. dogument¹is
company has been notified in writing of this cha					i
	If Chang	ing Registered Age	nt, Signature of New Re	gistered	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	ZICHARD KERWI	CK 540 GREENE KEY WEST, FL	- 5T 5TE#3 DAdd
		NET WELL, TO	MRemove
			□Change
			□Remove
			□Change
		·	□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
		<u> </u>	Remove
			□Change
		-	□Add
			Remove
			Change

). If amendir	ng any other informatio	n, enter change(s) here: (Attach additional sheets, if necessary.)
, 	STECIAL	MEMBERSHIP MEETING ON 10-12-22
	DESIGNME	UT OF MEMBERSHIP ILITEREST AND
<u> </u>	WITHDEN	UAL AS MEMBER OH 10-12-22
		
•		
		
		
	*	
Note: If the	late, if other than the da e date is listed, the date must be e date inserted in this block s effective date on the Depa	(optional) e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(by does not meet the applicable statutory filing requirements, this date will not be listed as the artiment of State's records.
f the record spe ecord is filed.	ecifies a delayed effective d	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	10-12-22	<u> </u>
-	Sig	gnature of a member of authorized representative of a member
-		SAMPRA CUSTMANO Typed or printed name of signee
		Typed of printed hame of signee

Filing Fee: \$25.00