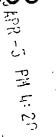
16600129193

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ess)	
(City/S	state/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nam	e)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fill	ing Officer:	
	<u> </u>	

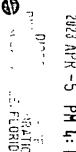
Office Use Only



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COVER LETTER

TO:

Registration Section

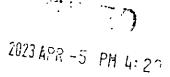
Tallahassee, FL 32314

Division of Cor	porations		
	RTAL RIGHTS NETWORK, L	LC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Sal Rosenblatt		
		Name of Person	
		Firm/Company	
	27 North Pennock Lane, S	te, 201	
		Address	
	Jupiter, FL 33458		
		City/State and Zip Code	
	Sal@smo.marketing	to be used for future annual report noti	Lientian
For further information e	e-mair address. (oncerning this matter, please of		included, y
Fred Harris		850 425-8504	
Name o	f Person	at () Area Code ——Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is chelosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration Se	ction
Registration Section Division of Corporations		Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



NEANDERTAL RIGHTS NETWORK,	ı.LC			·
(Name of the Limited Lie (A Flo	ibility Compa orida Limited U	ny as it now appears on liability Company)	our records.)	
The Articles of Organization for this Limited Liabilit Florida document number 4.16000129193	ty Company	were filed on July 7,	2016	and assigned
This amendment is submitted to amend the following	<u>z</u> :			
A. If amending name, enter the new name of the	limited liab	ility company here:		
Green Penguin Holdings LLC				
he new name must be distinguishable and contain the words	Limited Liabil	ity Company," the design	nation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:		27 North Pennock L	ane, Ste. 201	
(Principal office address MUST BE A STREET ADDRESS)		Jupiter, FL 33458		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		27 North Pennock L	ane, Ste. 201	
		Jupiter, FL 33458		
B. If amending the registered agent and/or regist agent and/or the new registered office address her	ered office : re:	nddress on our recor	rds, <u>enter the name</u>	e of the new regist
Name of New Registered Agent: So	odhi Spoont P	LLC	·	
New Registered Office Address: 30)50 Biscayne	Blvd., Ste. 701		
new negracies variety rostross.		Enter Florida (street address	·
M	liami		Florida <u>33</u>	137
		Cin:		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
AMBR	Sal Rosenblatt	27 North Pennock Lane, Stc. 201	≘ Add
		Jupiter, FL 33458	□Remove
			[]Change
AMBR	John K Londot	722 Ingleside Ave	CAdd
	Tallahassee, FL 32303	Remove	
		Change	
	·	□Add	
		□Remove	
		☐ Change	
		□Add	
		□Remove	
		Change	
		[:]Add	
		□Remove	
		Change	
		🖂 Add	
		□Remove	
			FlChance

). 11 am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
•	
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
docum	ient's effective date on the Department of State's records.
the recording fi	ed specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	APRIL 4
	Signature of member or num or zed representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00