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COVER LETTER:

TO:	Registration Division of C			
SURIE	ECT:	Green Tu	rtle Capital	LLC
SULJI	<u> </u>		mited Liability Company	
The en	closed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please	return all corres	spondence concerning this matte	er to the following:	
		Jes	se Winner	
			Name of Person	
		·	Firm/Company	
	`	4907	S Lake Dr	- . Fe
		()t	Address Neach Fi	33 436 C Q gmail. Com notification) 4:33
		00401	City/State and Zip Code	
		•	JWONLINELL	C Q gmail. Com =
		E-mail address:	(to be used for future annual report	notification)
For fur	ther information	n concerning this matter, please		ယ္
	Jusce	Winner	at (S&I) 2 Y	7 - 3899
	Nam	e of Person	Area Code Da	ytime Telephone Number
Enclos	sed is a check fo	r the following amount:		
\$ \$2	5.00 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)
	Reg	ILING ADDRESS: istration Section ision of Corporations	Registration S Division of Co	orporations
		. Box 6327 ahassee, FL 32314	Clifton Buildi 2661 Executiv	ng e Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Green	Turrle	Capital	LLC	
(Name of the Limited I	Liability Company Florida Limited Liab	as it now appears on o	ur records.)	
The Articles of Organization for this Limited Liabi Florida document number L 7000 4 L 7000 196 This amendment is submitted to amend the following	lity Company we		5/2017	and assigned
A. If amending name, enter the new name of th				
The new name must be distinguishable and contain the words	Group L	- L C		
The new name must be distinguishable and contain the words	s "Limited Liability	Company," the designa	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	e: _		***************************************	
(Principal office address MUST BE A STREET A	ADDRESS)			30
(unchanged)	-		·····	7
Enter new mailing address, if applicable:	-			<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			<u> </u>
	_			
B. If amending the registered agent and/or registered agent and/or the new registered office	-	e address on our	records, enter t	ည် ခွေ he name of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida str		
-		City	, Florida	7in Code
		City		sup 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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ective date, if other effective date is listed, the	ne date must be specific	and cannot be prior to	date of filing or mo	option e than 90 days after fi	ling.) Pursuant to 605.020
ument's effective date			ne statutory trinig	requiements, uns c	ate will not be listed as
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record specifies a he 90th day after			an effective ti	ne, at 12:01 a.i	n. on the earlier o
ed		_,	<u>.</u>		
	A.	ML 11	Wi	_	
	Signature	f a member of author	zed representative	famember Winner	,

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Filing Fee: \$25.00