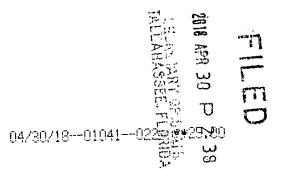
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| (Re | questor's Name) | | | |
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| PICK-UP | WAIT | MAIL | | |
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| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corpor | | • | | |
|---|---|--|--|--|
| SUBJECT: | San Name of Lim | . Green LLC nited Liability Company | | |
| The enclosed Articles of Am | endment and fee(s) are sub | omitted for filing. | | |
| Please return all corresponde | nce concerning this matter | to the following: | | |
| - | 450 | Name of Person Niloren LLC Firm/Company SE JTH SINCE Address Seach Florida City/State and Zip Code EK Dhomail. City/State of future annual report notific | 2: 38 LOWLEA | |
| For further information conc | | | auon) | |
| | | at (305) 879 Area Code Daytime | -75799 Telephone Number | |
| Enclosed is a check for the fo | ollowing 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

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

| Sanigrean LLC | / |
|---|--|
| (Name of the Limited Liability Con (A Florida Limit | mpany as it now appears on our records.) ted Liability Company) |
| The Articles of Organization for this Limited Liability Compa | any were filed on 03/20/18 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited l | iability company here: |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS | 2 <u> </u> |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | d office address on our records, <u>enter the name of the new</u> <u>here</u> : |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | . Florida |
| | City Zip Code |
| New Registered Agent's Signature, if changing Registered Age | ent: |

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 Type of Action **Title** Name **Address** MER Bruno Soures 450 SE 774 STREET #244 Add Dania Boach Fl. 33004 _□ Change MGR Nick Geographics 450 SE 7Th STREET #244 DAdd David Beach F1 33004 Gremove ☐ Change ☐ Add ☐ Remove ∪ □ Change © Remove □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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| ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than | (optional) |
| lote: If the date inserted in this block does not meet the applicable statutory filing required ocument's effective date on the Department of State's records. | irements, this date will not be listed as |
| southern of the time on the peparatient of Buile 3 feedings. | |
| | at 12:01 a.m. on the earlier of |
| e record specifies a delayed effective date, but not an effective time, | |
| The 90th day after the record is filed. | |
| The 90th day after the record is filed. | • |
| rated Separate of a member or authorized representative of a member of authori | ember |

Page 3 of 3

Filing Fee: \$25.00