L18000143541

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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		N GREENS, LLC		
		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		BARBARA SACKS		
			Name of Person	
		PRECISION GREENS, LI		
		vi	Firm/Company	
		3759 COVENTRY LANE	• •	
		-	Address	 -
		BOCA RATON FL 33496		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	n
For further in	formation co	oncerning this matter, please ca	all:	
BARBARA:	SACKS		at () 899-0372 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
\$25.00 Fi	iling 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

TO:

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

PRECISION GREENS, LLC			
(Name of the Lim	ited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited I		my were filed on JUNE 11 2018	and assigned
Florida document number L18000143541			
This amendment is submitted to amend the fol			5 T
A. If amending name, enter the new name of	of the limited li	iability company here:	とるデ
			FILED FR 25 P
he new name must be distinguishable and contain the	words "Limited Li-	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	5: 21
Principal office address MUST BE A STRE	ET ADDRESS)	<u></u>	,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
3. If amending the registered agent and egistered agent and/or the new registered o	⊬or registered office address h	office address on our records, <u>ente</u> ere:	er the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street address	
	*. =.	City Title 1	Zin 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
MGR	Z2 PARTNERS, LLC.	9480 BENT GRASS CT DELRAY BEACH FL 33446	
			■ Add
			□ Remove
			Change
m sr_	Jeffrey Herzog	9480 BEAT GREST CT. DELANY BEACH FI 33441	Add
	,		Remove
		3	D Change
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ffective date, if ot	her than the date of fi	iling:		(optional)	
an effective date is list	ted, the date must be specific	and cannot be prior to dat	e of filing or more than 90 statutory filing requiren	days after filing.) Pursuant to 60 tents, this date will not be lis)5.0; sted
ocument's effective	date on the Department	of State's records.			
e record specifie	es a delayed effectiv	ve date but not an	effective time at	12:01 a.m. on the earl	:
The 90th day af	fter the record is file	ed.	checuve time, ac	12.01 a.m. on the ear	161
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ated	111.	2019	1		
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ated <u>April</u>			representative of a member		

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Filing Fee: \$25.00